CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1875

KP 23007

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs and Micro. Perm.		YES [ ] NO [X]

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber, M.D. Title: Commissioner of Health 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A	B	C
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ] To be sold as scrap or waste paper	[X] To be Burned or shredded	[ ] Historical, (to be transferred to Dept. of Legislative Reference.)

REMARKS: 2 negative Rolls

C P Force 3/29/63
Records Management Officer Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

KP 23907

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

BALTIMORE HEALTH DEPARTMENT JAN 1 1875

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 30th 1874.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Nelson Murray

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, three *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} Cor Light & Hamel Sts

Cause of Death, First (Primary,) Whooping Cough

Second (Immediate,) Convulsions.

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Bals Cemetery

Date of Burial, Jany 2nd 75 D Webster Cathell M. D.

Medical Attendant.

Undertaker, Thos S Hughes

Place of Business, No 60 E Balto St *Address* 1 & 3 Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 5 1875 BALTIMORE

Date of Death, December 31st 1874

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Bridal Hunt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 4 *Months,* 1 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 73 S. Broadway Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} Corner of 1 Malignant Scarlet Fever

Cause of Death, {First (Primary,) / Second (Immediate,)}

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, January 2nd 75

Undertaker, Knight & Denny

Place of Business, 63 S. Broadway

James E. Preston *M. D.*
Medical Attendant.

Address 716 E. Baltimore Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

In the Office where issued, January of

No. 3

The Special Attention of Physicians is called to the remarks below, and to List of Diseases on back of this Certificate.

Penalty for Neglect of Duty.

HEALTH DEPARTMENT JAN 1 1875 BALTIMORE

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 31st Dec 1874

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Jane E. Sudge

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 31 *Years,* *Months,* *Days.*

Color, White *Sex,* female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} married

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Balt:

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,) "

Duration of Last Sickness, some years

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem: Balto Jr. Donnelly M. D.

Date of Burial, 3rd Jan: 1875 Medical Attendant.

Undertaker, H W Jenkins & Co

Place of Business, 16 Light St Balt: *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

BALTIMORE HEALTH DEPARTMENT JAN 2 1875

Permit No. 1

The Physician who attended the person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 1874

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Vanbostead

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, {Give street and number.} 4 Hubbard alley

Cause of Death, { First (Primary,) Pneumonia

Second (Immediate.)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, Jan 2d 1875

Undertaker, Geo. L. Rodriguez *Address* 69 Cathedral St.

Place of Business, 38 Eutaw St

Edwards Lowndes M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

to the Office between Sunset and Saturday at ea

No. 5

The Special Attention of Physician Must, in all Cases, is called to the remarks below, and to List of Diseases on back of this Certificate, in filling up its Blanks.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 2 1875 BALTIMORE

Permit No. 5

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 12th Mo. 31 1874.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Gatch

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Fem

Age, 75 *Years,* *Months,* *Days*

Color, White *Sex,* Female.

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County Maryland

Duration of Residence in the City of Baltimore, 70 years.

Place of Death, {Give street and number.} 219 Asquith St

Cause of Death, First (Primary,) Cancer of Breast Indurated and Ulcerated

Second (Immediate,) Exhaustion

Duration of Last Sickness, About 1 year.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 1 Mo 2nd 1875.

Wm Riley M. D

Medical Attendant.

Undertaker, George Shilling

Place of Business, Asquith & Monument Sts *Address* No 47 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 6

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

HEALTH DEPARTMENT JAN 2 1875 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 1874

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Milton Reynolds

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* 3 *Months,* 25 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 11. Parrish St. Balto. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 11. Parrish St. Baltimore Md.

Cause of Death, First (Primary.) Convulsions

Second (Immediate.)

Duration of Last Sickness, — 24 hours —

All the above information should be furnished by the Physician.

Place of Burial, Wyton county Balt Co

Date of Burial, January 2 1875

W. R. McKnew M. D.
Medical Attendant.

Undertaker, S. B. Cork

Place of Business, N° 707 W. Balt st *Address* Cor of Forest and Calhoun st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

make returns of all ... day of each w...

No. 7

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

HEALTH DEPARTMENT JAN 2 1875 BALTIMORE

OFFICE OF REGISTRATION OF VITAL STATISTICS.

Permit No. 7

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 1874

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Heffernan

Sex, Male ~~or Female~~, {Cross on the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Lab.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 11 Years

Place of Death, {Give street and number.} 362 Mc Henry

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate.)}

Duration of Last Sickness, Seven days.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Jan. 2nd 75.

Undertaker, Joseph B Cook

Place of Business, 1707 Balto. St

Address 226 Mulberry.

Louis [illegible] Hon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Baltimore will make return...
...whence issued, Saturday

No. 8

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Decr 31st 1874

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Shull

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 59 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, Sadler

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Schneanfurt Ger

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 214 Lee st.

Cause of Death, {First (Primary,) Second (Immediate,)} Paralysis (Renal)

Duration of Last Sickness, Five Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 3^d 1875

Undertaker, Thos. H. Mears

Place of Business, 64 N Eutaw St

R. C. Lee M. D.
Medical Attendant.

Address N. W. cor Hanover & Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

of Cemeteries will make returns of all Permits I whence issued, once in each week

No. 9

The Special Attention of Physicians is Must. invited to the remarks below. and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 4 1875 BALTIMORE

Permit No. 9.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 3. 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Flora Foreman

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, One year *Years.* Eight *Months,* Twenty nine *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baxter's Springs Kansas.

Duration of Residence in the City of Baltimore, Two Months

Place of Death, { Give street and number. } 173 Carroll ave.

Cause of Death, { First (Primary,) Diphtheria / Second (Immediate,) Exhaustion

Duration of Last Sickness, 8th Dec. 1874 & Jan 3. 1875

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 4 1875

Christ. Thos Bosche M. D.
Medical Attendant.

{ *Undertaker,* Jacob Mauer
{ *Place of Business,* 416 Druid Hill ave, Address 82 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...s in City of Baltimore will make return ...e Office whence issued, Saturday ...

No. 10

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

BALTIMORE HEALTH DEPARTMENT JAN 2 1875

Permit No. 10

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 1. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elisabeth Spielmann

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 68 *Years,* *Months,* *Days.*

Color, white. *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Büdingen, Hessen, Germany

Duration of Residence in the City of Baltimore, 18 years.

Place of Death, {Give street and number.} 144 Dallas str.

Cause of Death, {First (Primary,) Dropsy. cause?
Second (Immediate.)

Duration of Last Sickness, about 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, January 2. 1875

C. Hofmann M. D.
Medical Attendant.

{*Undertaker,* Adam Link
{*Place of Business,* 461 N. Gay St. *Address* 57 Augusta St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

No. 11

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 20.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 1st " 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Dougherty

~~Sex~~, *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* ——— *Months,* ——— *Days.*

Color, *Sex,*

~~Married~~, ~~Single~~, ~~Widow or~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Storekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Co. Md

Duration of Residence in the City of Baltimore, 21/2 years.

Place of Death, {Give street and number.} No 80 Mc Kim St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis

Duration of Last Sickness, 2 Yrs

All the above information should be furnished by the Physician.

Place of Burial, Goranstown

Date of Burial, January 3rd " 1875

Undertaker, George C. Rodenmayer

Place of Business, 38 Ensor St

Silas N. Hunter M. D.
Medical Attendant.

Address 111 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

In the Office where issued, Saturday of each

No. 12

The Special Attention to this Permit Must be Called to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 5 1875 BALTIMORE

Permit No. 21.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death, January 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Rose Hollman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Years, 18 Months, 12 Days.

Color, White *Sex,* Child

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. 21. Cor. Eager & Central Ave

Cause of Death, {First (Primary.) Second (Immediate.)} Scarlet Fever

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Ct

Date of Burial, January 3rd 1875

Undertaker, Henry Hauch

Place of Business, 304 Central Ave.

Jno. Brooke Boyle M. D.
Medical Attendant.

Address 174 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 1 January 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant of Mr. Charles Wehrlane

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 13. *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, " "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 68 Mc Clellan St

Cause of Death, First (Primary,) Erysipelas

Second (Immediate,)

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Jan 3rd 1875

Undertaker, Henry Meyers

Place of Business, 10 E. N. Howard St *Address* 55 N. Eutaw Str Baltimore

G. W. Tape *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 14

Board of Health, City of Baltimore,

Permit No. 14

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 2d. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Tillermann

~~*Sex,*~~ *Male or Female,* {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, House & Sign Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and number.} Alice Ann St. bet Register & Anne

Cause of Death, First (Primary,) Excessive use of Spirituous Liquors

Second (Immediate,) Apoplexy

Duration of Last Sickness, about an hour

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's

Date of Burial, January 3

Undertaker, K. Eckhart

Place of Business, 269 Canton Ave

Thos. Kelly *M. D.*

Medical Attendant. Coroner

Address Fawn & Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 15

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

HEALTH DEPARTMENT JAN 2 1875 BALTIMORE

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 1. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gustav Veis.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4. *Years,* 11. *Months,* 1. *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 300 Chatsworth.

Cause of Death, { First (Primary,) ? / Second (Immediate,) } Meningitis Interna.

Duration of Last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Auburn

Date of Burial, January 2nd 1875

Undertaker, Henry Hopeck

Place of Business, 369 Hendrickson *Address*

O. Hoffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 16

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16

The Physician who attended any person in a last sickness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 31st 1874. 8.40. P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Doris Winkler

~~*Sex, Male* or *Female*,~~ {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 15 *Days.*

Color, white *Sex,* female

~~*Married, Single, Widow or Widower*~~, {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 79 N. Ann st.

Cause of Death, {First (Primary,) / Second (Immediate.)} Convulsions

Duration of Last Sickness, about 2 hours.

All the above information should be furnished by the Physician.

Place of Burial, Myers Ground

Date of Burial, January 2 1875

Pierre F. Dausch M. D.
Medical Attendant.

Undertaker, Charles Rossing

Place of Business Fayette Hearse House *Address* 27 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...mitted to the remarks below, and to List of Diseases on back of this Certificate. No. 17

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN CERTIFICATE 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan - 1st - 1875 -

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Clara Washington -

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, ~~[illegible]~~ Years, no — Months, 3 Days.

Color, ~~Married~~ Single, ~~White or Black~~, { Cross out the words not required in this line. }

Occupation, none

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. City -

Duration of Residence in the City of Baltimore, 3 days -

Place of Death, { Give street and number. } no - 94 Mulberry st near Eutaw -

Cause of Death, { First (Primary,) } Premature birth - a 7 months child -
{ Second (Immediate,) } Inanition -

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Private Ground Balto. Co.

Date of Burial, Jan - 3d -

Undertaker, Jno McCrull & Bros -

Place of Business, 131 Saratoga

R. H. Goldsmith, M. D.
Medical Attendant.

Address 125 North Charles St -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ued, Saturday of each ...

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 18

Board of Health, City of Baltimore.

Permit No. 18

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 2 1878 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 31 . 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johann Gonzelmann

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 3 *Months,* . *Days.*

Color, white. *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 years 3 months

Place of Death, {Give street and number.} 269 N. Bouth St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Diphtheria.

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Jan. 3rd 1878

Undertaker, J. Henry Hoeck,

Place of Business, 369 Central Ave *Address* Augusta St

Dr Hoffmann

M. D.
Medical Attendant.

~~Dr Hoffmann~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 19

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

HEALTH DEPARTMENT JAN 5 1875 BALTIMORE

OFFICE OF REGISTRATION OF VITAL STATISTICS.

Permit No. 19.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Henry Charles Theodore Kreitzer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, One *Years,* Eight *Months,* Seventeen *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, One year 8 months & 17 days

Place of Death, {Give street and number.} No 114 South West st Baltimore City

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Paralysis

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Yard

Date of Burial, January 4. 1875

Undertaker, C. Koenig

Place of Business, 130 E Fayette st

Thomas B. Evans, M. D.
Medical Attendant

Address No 18 Jackson Square Baltimore City Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 20

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

20

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1111

HEALTH DEPARTMENT JAN 2 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 2d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Felix Seward

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 1 *Months,* 21 *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 254 Eager St. Balto. Md

Duration of Residence in the City of Baltimore, 7 weeks

Place of Death, {Give street and number.} 254 Eager St.

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus B. Ground

Date of Burial, Jan 4th 1875

Undertaker, Mr Stock

Place of Business, 309 Central Ave

Wm. Kelly M. D.
Medical Attendant.

Address Fawn & Exeter Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...rics in City of Baltimore will make returns of all Permits for Burials ... the ... issued, Saturday of each week.

No. 21

The Special Attention of Physicians is respectfully ... to Rules below, and to List of Diseases on back of this Certificate.

No. 21

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Sekaffer

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 51 *Years,* — *Months,* — *Days.*

Color, *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} U. S.

Duration of Residence in the City of Baltimore, dont know

Place of Death, {Give street and number.} 135 Baltimore Avenue

Cause of Death, {First (Primary,) / Second (Immediate.)} Phthisis Pulmonalis

Duration of Last Sickness, dont know

All the above information should be furnished by the Physician.

Place of Burial, St. Johns.

Date of Burial, Jany 1 1876.

Undertaker, C. F. Krause

Place of Business, 207 Hanover St *Address* 207 Hanover St Balto Md

H. P. Wedge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Agents of Cemeteries in City of Baltimore will make returns of all Burials to the Office whence issued, Saturday of each week.

No. 22

The Special Attention of Undertakers is called to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 77.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January second 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Miss Sarah Louise Wilkins

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 59 Years, 2 Months, 15 Days.

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Lady

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore. 59 years 2 month 15 day

Place of Death, { Give street and number. } 368 Exeter Place

Cause of Death, { First (Primary,) Scirrhus + / Second (Immediate.) Exhaustion induced by general debility Consequent with Lungs

Duration of Last Sickness, 2 months 18 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Jan 4th

Undertaker, N. W. Dentinston & Son *Address* 165 N. Exeter St.

Place of Business, 16 Light St

H. Tiernay M. D.
Medical Attendant.

BALTIMORE HEALTH DEPARTMENT JAN 3 1875

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. Be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 23

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

HEALTH DEPARTMENT JAN 3 1875 BALTIMORE

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 2, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Faber

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 19 *Years,* 11 *Months,* 24 *Days.*

Color, White *Sex,*

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Bookbinder

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 19 yrs 11 mo. 24 days

Place of Death, {Give street and number.} 342 W. Pratt St

Cause of Death, First (Primary,) Hemorrhage

Second (Immediate.) Consumption (Phthisis Pulm)

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jany 4th 1875

Undertaker, Mr Dale

Place of Business, 1 Howard St

Thomas L Reaves M. D.

Medical Attendant.

Address 97 N. Charles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 21

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JAN 3 1875 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Celia Wentz

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 60 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pearl St Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 77 Fairkin Street

Cause of Death, First (Primary,)

Second (Immediate,) Heart disease

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 3 1875.

Undertaker, I B Cook

Place of Business, 707 Baltimore

H. L. Spicer M. D.
Medical Attendant.

Address Lambert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 25 25

The Special Atten[redacted] to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JAN 3 1875 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 2° 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} D. C Rost

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One year *Years,* Six *Months,* Two *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city.

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} Bell Air Avenue

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Brain involved.

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Balt° Cemetery

Date of Burial, January 4 1875.

Undertaker, Geo Shilling

Place of Business, 912 E Monument *Address* 7. S. High St Balt°

Abram B Arnold M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 3 1875 BALTIMORE

Permit No. 24.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 31 1874

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Edith Henry

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Seventeen *Years,* Six *Months,* Twenty-two *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Table hand in a Shoe Factory

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, From Birth

Place of Death, {Give street and number.} Lemmons Court No 1

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis Pulmonalis / Four Months

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 3rd 1875

Undertaker, Chas. A. Souder

Place of Business, No 520 W. Balto

Wm Carnes M. D.
Medical Attendant.

Address 334 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 27

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 6 1875 BALTIMORE.

Permit No. 28.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant Dof Mary & Pat Spillman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 2 hours *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 2 hours,

Place of Death, {Give street and number.} 322 S. Bond St.

Cause of Death, First (Primary,) ____

Second (Immediate,) Pneumonia

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Fallsyard

Date of Burial, Jany 8 1875

Wm. Kelly M. D.
Medical Attendant.
Coroner

Undertaker, W Donovan

Place of Business, 103 Bank *Address* Fawn & Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 28

ecial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40.

HEALTH DEPARTMENT JAN 2 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 3d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Seraphim. D. Vachon

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, Thirty (33) three *Years,* One *Months,* Ten *Days.*

Color, White *Sex,* Male

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Musician

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Quebeck, Can.

Duration of Residence in the City of Baltimore, Three years

Place of Death, {Give street and number.} N. High No. 65.

Cause of Death, First (Primary,) Cancer of Liver

Second (Immediate,) Gen. Debility

Duration of Last Sickness, Four Months.

All the above information should be furnished by the Physician.

Place of Burial, 1st A. Cem. S. T. Boyer M. D.

Date of Burial, Jany 5 1875 Medical Attendant.

Undertaker, Charles Ponn Address 129 N High st

Place of Business, 136 E Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 29

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

HEALTH DEPARTMENT JAN 4 1875 BALTIMORE.

OFFICE OF REGISTRATION OF VITAL STATISTICS.

Permit No. 11

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 3d 1875. 11. P.M

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Berry Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Book Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia Pa.

Duration of Residence in the City of Baltimore, From Early Childhood

Place of Death, {Give street and number.} N° 14 Warren St Balto. C

Cause of Death, {First (Primary,) Second (Immediate,)} Pulmonary Consumption

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 5th 1875

Undertaker, Armstrong & Sons

Place of Business, 26 S. Light St

" H. B. Noble M. D.
Medical Attendant.

Address 17 Warren St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 30

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

HEALTH DEPARTMENT JAN 3 1875 BALTIMORE

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 2d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Shea

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~[illegible]~~ *Years,* 5 *Months,* 11 *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 50 Convoy Baltimore

Duration of Residence in the City of Baltimore, 5 mo 10 days.

Place of Death, {Give street and number.} 50 Convoy St

Cause of Death, First (Primary,)

Second (Immediate.) Pneumonia,

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Ont Shalom Cemetery

Date of Burial, January 3rd 1875

Undertaker, Eilau

Place of Business, Eagle Corner Bunday

Address 47 Lexington St

H. C. Riley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 31

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JAN 3 1875 BALTIMORE

Permit No. 30.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11/4 O'clock A.M. January 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Williams

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, about 4 2 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Caning Chairs

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hartford Co. Md

Duration of Residence in the City of Baltimore, about 22 years

Place of Death, {Give street and number.} In rear of 156 Hughes Street

Cause of Death, First (Primary,)

Second (Immediate.) Natural Causes, most probably Heart Disease

Duration of Last Sickness, About two hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 5 1875

Undertaker, Armstrong & Denny

Place of Business 263 Light St

M. M. Donavin M. D.

~~Medical Attendant.~~ Coroner

Address 98 Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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hence issued, once in each

No. 32 34

Special Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of this Certificate.

32

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 5 1875 BALTIMORE

Permit No. 31,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georgie Tiden

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* One *Months,* Twelve *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Washington Ln, near Chase

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,) Meningitis, Tuberculer

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 4th 1875

{ *Undertaker,* Hruby

{ *Place of Business,* 514 Broadway *Address* 330 N. Broadway

H. H. Tiede *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 33

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 32.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 3 1875 BALTIMORE MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Jane Groscup

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, Sixty Six. *Years,* Eleven *Months,* Fourteen *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Always resided here

Place of Death, {Give street and number.} 138 Cathedral St

Cause of Death, First (Primary,) Undetermined

Second (Immediate,) Paralysis with Extravasation in the brain

Duration of Last Sickness, Fourteen hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, January 4th 1875

Undertaker, R. Hall

Place of Business, E. Baltimore St.

Jos. Lloyd Martin M. D.
Medical Attendant.

Address 58 Monument St
Ht Hill

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 314

cial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JAN 1875 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 3: 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane Webb.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 48 — *Years,* *Months,* *Days.*

Color, White. *Sex,* Female,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow,

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} No. 275 N. Carolina St.

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,)

Duration of Last Sickness, 1 week.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Jan'y 5: 1875

Undertaker, John H Wearer.

Place of Business, 22 W. Fayette St. *Address* 76 Bolle St

D. W. Hench, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Rec.

No. 35.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 311

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 21. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Hagerty

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Co Galway Ireland

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, {Give street and number.} 49 Hillman St

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, 2 mos.

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, January 24 1875

Undertaker, Chas P Byrne

Place of Business, 63 Third St

Thos. Kelly M. D.

~~Medical Attendant~~ Coroner

Address Fairs & Exeter Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 36

...ial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 1875 BALTIMORE.

Permit No. 30.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 2 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Comfort Applegarth

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 85 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co: Md!

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and number.} 250 Lamade st.

Cause of Death, {First (Primary,) Cancer of Stomach

{Second (Immediate,) —

Duration of Last Sickness, I have seen for 3 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jany 4 1875

Undertaker, Thos L Hughes

Place of Business, 60 E Fayette st

E. Williams M. D.
Medical Attendant.

Address Monument 121

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keep

No. 37

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen Siebert

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* Seven *Months,* 24 ——— *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 152 Stirling St

Cause of Death, First (Primary,) ———

Second (Immediate,) Tubercular Meningitis

Duration of Last Sickness, About 30 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 4th 1875

Undertaker, J. L. Rodenmayer

Place of Business, 102 E. Monument St

A Hartman M. D.

Medical Attendant.

Address 305 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 38

☞ ial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 37

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 4 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christi Preston

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 50 *Years,* *Months,* *Days.*

Color, Chili

Married, Single, Widow or Widower, {Cross out the words not required in this line.} *Sex,* Female Widow

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 25 years.

Place of Death, {Give street and number.} Baltimore 144 E Eutaw St.

Cause of Death, {First (Primary,) Old Age Paralysis

Second (Immediate,) —

Duration of Last Sickness, Two Weeks —

All the above information should be furnished by the Physician.

Place of Burial, Bapt. Cemetery

Date of Burial, January 11 1875

Lewis Heiman M. D.
Medical Attendant.

Undertaker, W H Nickman

Place of Business, 234 N Gay St *Address* 133 N. Eutaw st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of C

No. 39

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

39

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 4 1875 BALTIMORE.

Permit No 38

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 3d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis J. Hebel

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 5 years *Years,* — *Months,* 10 days *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 223 N. Paca St.

Cause of Death, First (Primary,) —

Second (Immediate,) Scarlet Fever

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan'y 4 1875

Undertaker, Chas. F. Herold

Place of Business, 161 Hanover St *Address* 148 Mulberry St

Felix Scully, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...e City of Baltimore will make return... Office whence issued, Saturday of

No. 40 39

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

40

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 6 1875 BALTIMORE

Permit No. 39

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 4 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Burkhardt Phillip Schmidt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 39. *Years,* 2 *Months,* 21 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Taylor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Marburg Hessen Cassel Germany

Duration of Residence in the City of Baltimore, 20 Years.

Place of Death, {Give street and number.} 60. S. Eutaw St

Cause of Death, {First (Primary,) Typhoid Fever
Second (Immediate,)

Duration of Last Sickness, Six Months and 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 5th 1875

{*Undertaker,* Fredk. R. Troll
{*Place of Business,* 90 S. Howard

J. G. Wombl M. D.
Medical Attendant.

Address 203 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 111

☞ al Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 4 1875 BALTIMORE

Permit No. 110.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Reed Holtzman

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ~~Years,~~ Eight- *Months,* ~~Days.~~

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore - Md.

Duration of Residence in the City of Baltimore, Eight- months -

Place of Death, {Give street and number.} 84 Whalen st: Baltimore -

Cause of Death, First (Primary,) Croup -

Second (Immediate,) Carbonic acid poisning -

Duration of Last Sickness, Three days -

All the above information should be furnished by the Physician.

Place of Burial, Washington D. C.

Date of Burial, January 5th 1875

Undertaker, Jos. Loane

Place of Business, 518 ~~Md~~ Balto st

W. W. Murray M. D.
Medical Attendant.

Address Cor. Patterson ave & Strieker St:

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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No. 117

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 117

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 4 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 2d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Elmer Virginia Laupher

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 21 *Days.*

Color, White ~~Sex,~~

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} Hanover at one door from Carolina

Cause of Death, {First (Primary,) Hives mus

{Second (Immediate,) spasm in

Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 4th 1875

{*Undertaker,* H. N. Hickman

{*Place of Business,* Grey St.

Ernest Klemm M. D.
per E. Kuste
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 4-3

Board of Health, City of Baltimore,

Permit No. 115.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 3, 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Edward Miller

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *Years,* 1 *Months,* 3 *Days.*

Color, White *Sex,*

~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. }

~~Occupation~~,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } Saratoga St No 550

Cause of Death, { First (Primary,) Bronchitis / Second (Immediate.) }

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, January 4, 1875

Undertaker, Joseph Cobb

Place of Business, 707 Balto St

B. K. Herman *M. D.*
Medical Attendant.

Address 58 N. Carroll Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Keep

No. 111

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46.

HEALTH DEPARTMENT JAN 4 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 4 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Rimp

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 103 E. Pratt St

Duration of Residence in the City of Baltimore, 1 Month

Place of Death, {Give street and number.} 103 E. Pratt St (or of Central Station)

Cause of Death, First (Primary,) Congestive (Fever) (Scarlatina)

Second (Immediate,)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto. County

Date of Burial, January 7th

Undertaker, William Hoskins

Place of Business, 6 Hanover St.

James C. Reynolds M. D.
Medical Attendant.

Address 176 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 43 45

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT 4 1875 BALTIMORE

Permit No. 47

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 2 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sam E. Moore

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 11 *Months,* 7 *Days.*

Color, White *Sex,* male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Born at Annapolis

Duration of Residence in the City of Baltimore, about 4 years

Place of Death, {Give street and number.} 119 Jefferson

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Endocarditis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery John F. Michelsen M. D.

Date of Burial, Jan 4th 1875 Medical Attendant.

Undertaker, Chas J. Scriven *Address* 279 W. Lombard.

Place of Business, 271 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 116

Board of Health, City of Baltimore,

Permit No. 48.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 4th January

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Platt

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, *Years,* 26 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, House Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 202 S. Charles st

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate.) Pneumonia

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 5th 1875

Undertaker, Julius Koehler

Place of Business, Cor Shorpe & Cross *Address* 51 Barnet

J. W. Webster M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 11 1117

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen Snyder

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years~~ 6 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 32 Creighton St

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, {Give street and number.} 32 Creighton St

Cause of Death, {First (Primary,) Hemorrhage of Lungs / Second (Immediate,) Hemorrhage of Lungs

Duration of Last Sickness, 2 Days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan. 2nd 1875

Undertaker, Gaylor & Kenny

Place of Business, 65 S. Bradley

James E. Donnelly M. D.
Medical Attendant.

Address 77 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of C

No. 118

☞ al Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Januar 4th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georg Britting Britting

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 3 Months, 4 Days.

Color, Wite *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Dallas St 2 Door above Gough.

Place of Death, {Give street and number.} Dallas St.

Cause of Death, First (Primary,) Acido. Gastritis.
Second (Immediate,)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Ol. Mount B. Ground

Date of Burial, Jan. 5th 75

Undertaker, H. Fenner

Place of Business, No 280 Canton Ave Address 165 Johnson St.

M. D.
Medical Attendant.
H. Med. C Hamel

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keep

No. 11 & 19

Special Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

49

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 54.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE JAN 4 1875

CERTIFICATE OF DEATH.

Date of Death, January third 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Johann Daniel Schneider

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, one *Years,* two *Months,* five *Days.*

Color, white *Sex,* male

~~*Married*~~, *Single, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, born here

Place of Death, {Give street and number.} 68 S. Regester Str.

Cause of Death, First (Primary,) Angina membranacea (Group)

Second (Immediate,) Paralysis of the lungs

Duration of Last Sickness, four Days

All the above information should be furnished by the Physician.

Place of Burial, Emmanuel BG

Date of Burial, January 5 1875

Undertaker, Carpet Eckhart.

Place of Business, 269 Centre Str.

C. Weisel M. D.
Medical Attendant.

Address 102 S. Bond Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 50

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52.

HEALTH DEPARTMENT JAN 4 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 3rd. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Capt Henry Ludwig

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* 1. *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widower or Widow~~, {Cross out the words not required in this line.}

Occupation, Piano Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany. 30 Years in United States

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} 7 Doors 8th

Cause of Death, First (Primary,) ———

Second (Immediate,) Phthisis

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem. Theodore Lodtz M. D.

Date of Burial, Jan 5th 1875 Medical Attendant.

Undertaker, Julius Koehler *Address* 146 Hanover St

Place of Business, 110 Cor. Sharp & Croft sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Keepers of 11 No. 37

☞ al Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT 1875 BALTIMORE

Permit No. 55

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Langley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 Yrs 10 Mos 8 days *Years,* 2 Yrs 10 *Months,* 8 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, 2 yrs. 10 Mos. 8 days

Place of Death, {Give street and number.} 45 Stiles Street

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate.) Scarlatina Anginosa

Duration of Last Sickness, 30th Dec. 1874 to Jan 3rd 75

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan. 5th 1875

Undertaker, William Fry

Place of Business, 344 N. Broadway

Dr. Geo. H. Grayson M. D.
Medical Attendant.

Address No. 18 Eighth St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. W 32 52

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~Oct~~ Jan 4th. 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Eisenhut

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 14 *Years,* 7 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Errand Boy

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, { Give street and number. } 58 N. Wolf st

Cause of Death, { First (Primary,) / Second (Immediate,) } Accidentally shot in head by pistol ball

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 6th 1875

{ *Undertaker,* Chas Rossing / *Place of Business,* 136 E. Fayette St. } *Address* Town & Exeter

Thos. Kelly M. D.
Medical Attendant.
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers

No. 53

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Finell

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* 11 *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 Yrs 10 Mo 11 days

Place of Death, {Give street and number.} 650 Light St

Cause of Death, { First (Primary,) Teething
Second (Immediate.) Congestion of Brain

Duration of Last Sickness, One hour.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Jan 5 1875

{ *Undertaker,* James P Byrne
Place of Business, No 63 W Pratt St

R Shoemaker M. D.
Medical Attendant.

Address 116 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

☞ Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

54

Board of Health, City of Baltimore,

Permit No. 56.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Jones

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 57 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 40 or 50 years

Place of Death, {Give street and number.} 137 Chestnut St Balt

Cause of Death, {First (Primary,) Old Age — Exhaustion

Second (Immediate,)

Duration of Last Sickness, 60 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 5th 1875 Henry R Rod M. D.
Medical Attendant.

{*Undertaker,* Jno. J. Brown Address 210 N. Eutaw

{*Place of Business,* 31 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Excep

No. 55

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 3d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Forest

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One Yr *Years,* *Months,* 9 2 *Days.*

Color, W *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} no 10 Penn Ave

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} no 10 Penn Ave

Cause of Death, {First (Primary,) / Second (Immediate.)} Chronic Pneumonia

Duration of Last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street

Date of Burial, Jany 5th

Undertaker, Johnston Jordon

Place of Business, 63 Park

W W Chilcoat M. D.
Medical Attendant.

Address 172 Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 56

☞ al Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 58

HEALTH DEPARTMENT JAN 3 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Margaret McCarty~~ Jan 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret McCarty

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 21 *Days.*

Color, White *Sex,* female

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 14 Eden st.

Cause of Death, {First (Primary,) Whooping cough

Second (Immediate,) six weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery Chas. Sherwood M. D.

Date of Burial, Jan 6th 1875 Medical Attendant.

{*Undertaker,* Chas. J. Scriven Address 57 Eutaw St.

{*Place of Business,* 271 W. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keeper

No. 37

☞ ial Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 1. 1875 Bodies Rec'd

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Kate Lindner

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 *Years,* / *Months,* / *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 83 Stockton st Balto

Cause of Death, { First (Primary,) Marasmus Convulsions

Second (Immediate.)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Ant. Olive Cemty J. Danphety M. D.

Date of Burial, January 8 Medical Attendant.

Undertaker, Ch. Schilling

Place of Business, 1072 Penn. Ave. *Address* 122 N. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 58

Special Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Bonner.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* 9 *Months,* 25 *Days.*

Color, White *Sex,* male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany (in the U. S. 30 years).

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 181 S. Register St.

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,) Perforation of intestine.

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, 6th January 1875 at 2 p.m.

Undertaker, Albert Snyder

Place of Business, 152 Caroline St.

A. F. Eisch M. D.
Medical Attendant.

Address 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

City of Baltimore will make returns
See whence issued, Saturday of

No. 57

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 4.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ella Waters

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} 2 — 3 — 14

Age, ~~Years,~~ 27 *Months,* 14 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 26 mo

Place of Death, {Give street and number.} 793 W Pratt.

Cause of Death, {First (Primary,) Gastro-Entritis (Indigestion)
Second (Immediate,) Convulsions

Duration of Last Sickness, 26 hours

All the above information should be furnished by the Physician.

Place of Burial, ~~Loudon Park~~ Western Cemetery

Date of Burial, January 6 1875

W. F. A. Krump M. D.
Medical Attendant.

{*Undertaker,* S B Cook
{*Place of Business,* 707 W Balto *Address* 33 N Gurley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 60

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Grimes Starr Jr

Sex, Male [redacted], {Cross out the word not required in this line.}

Age, 24 *Years,* 11 *Months,* 10 *Days.*

Color, White *Sex,* Male

[redacted] *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} Baltimore No 4 North Sutton Street

Cause of Death, First (Primary,) Diptheria with Entire Fever.

Second (Immediate.) Exhaustion from Toxemia.

Duration of Last Sickness, Twenty days –

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, January 6th

H. J. Starr M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, Nos 4 & 6 Druid Hill Ave *Address* 16 N Liberty St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 61

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 5 1875 BALTIMORE.

Permit No. 65.

The Physician who attended any person in a last illness is responsible for the presentation of this certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 1st January

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Morand

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 4 Months, 4 Days.

Color, White Sex, Male

Married, ~~Single,~~ Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Eight Born in Balto

Place of Death, {Give street and number.} 6 Chanal

Cause of Death, First (Primary,) Croup

Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, January 3rd 1875

H. H. Hebeler M. D.
Medical Attendant.

Undertaker, Henry Bruce

Place of Business, Henrietta St

Address 57 Bank

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No 6

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

61 62

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 2d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary R Harrod

Sex, Male or Female, {Cross out the word not required in this line.} ....

Age, 1 *Years,* 2 *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 48 Biddle st

Cause of Death, {First (Primary,) Intercular Meningitis
Second (Immediate,)

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 5th 1875

Undertaker, D Jon Lamie Jr

Place of Business, 65 Pulteney st

H S Bowie *M. D.*
Medical Attendant.

Address No 44 McCulloch st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 63

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 15

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 5 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Fogarty

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, Years, 5 Months, ——— Days.

Color, White *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 10 20 Trinity Alley

Cause of Death, First (Primary,) Whooping Cough.

Second (Immediate.) Pneumonia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Jan 6th 1875

A. M. Slayton M. D.
Medical Attendant.

Undertaker, J. J. Rodenmayer

Place of Business, 102 Monument St. *Address* N. Eighteen Alley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 64

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4 January 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rose Aileen Peck

Sex, Male or Female, {Cross out the word not required in this line.} Girl Female

Age, 3 *Years,* *Months,* 5 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 7 S. Chapel St

Cause of Death, {First (Primary,) Malignant Scarlet fever
Second (Immediate,)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, January 6th 1875.

Undertaker, Martin A. Barger

Place of Business, 71 E. Baltimore St

James E. Donnell *M. D.*
Medical Attendant.

Address 77 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 63

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

65

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Francis Foster

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 2 *Months,* 27 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number.} No 70 Milliman st

Cause of Death, {First (Primary,) Bronchitis, 10 days

{Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery Wm McAllenden M. D.

Date of Burial, Jan 6th 1875 Medical Attendant.

{*Undertaker,* Wm Frey

{*Place of Business,* Cor Broadway & Fayette St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 66

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE JAN 5 1875

CERTIFICATE OF DEATH.

Date of Death, January 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Woolfenden

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 0 ~~Years,~~ 6 *Months,* 28 *Days.*

Color, White // *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co

~~*Duration of Residence in the City of Baltimore,*~~

Place of Death, {Give street and number.} Marion St, ~~City~~ this city Balt

Cause of Death, First (Primary,) Measles

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Lamon Park

Date of Burial, Jan 8th 1875

Undertaker, Jno Cook

Place of Business, Balto ~~St~~ & Schroeder St. *Address* 379 Baltimore St

A. L. Shiver M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keep

No. 67

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 69

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 4th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Peter H Thumlert & Ida his wife

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 1½ *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 1½ days

Place of Death, {Give street and number.} 201 Johnson St

Cause of Death, {First (Primary,) Premature birth at about 6 mos
Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Jan 6th 1875

Da Casey Thomas M. D.
Medical Attendant.

Undertaker, Armstrong & Dennis

Place of Business, 263 Light St *Address* 317 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keeper. —

No. 68

ial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 70

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Fifth of January

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah McMahon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* 11 *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 101 Harford Ave

Cause of Death, { First (Primary,) / Second (Immediate,) Phthisis

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, January 6 1875

Undertaker, James H Byrne

Place of Business, No 63 N Front St

Jno Brooke Boyle M. D.
Medical Attendant.

Address 174 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 69

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 71.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 5th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John D Bowling.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 70. *Years,* [illegible] *Months,* ——— *Days.*

Color, Ruddy white *Sex,* See above

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, I do not Know. Gentleman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} I do not Know Maryland

Duration of Residence in the City of Baltimore, I do not Know

Place of Death, {Give street and number.} Barnes Hotel. Fayette & Eutaw St

Cause of Death, First (Primary,) Cold

Second (Immediate,) Pneumonia

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, All Saints Ch Frederick St.

Date of Burial, 1[illegible]

Undertaker, Prince George

Place of Business, Same date

Address 1045 Florida St.

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 70

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 72.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 5th 1874

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter E. Williams

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 Mos 3 Weeks *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 253 Sophia st

Cause of Death, First (Primary,) Croup.

Second (Immediate,) Pneumonia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, W. Ward

Date of Burial, Jan 7 1875

Undertaker, Jacob Weaver

Place of Business, 42nd St Ann *Address*

Jas. L. Stalls M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 11 71

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 73.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary Ermer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 15 yrs *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and number.} 108 S. Exeter St

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,) attended 6 yrs. 9 times

Duration of Last Sickness, 1½ years

All the above information should be furnished by the Physician.

Place of Burial, Trinity

Date of Burial, Jan 6 1875

Undertaker, H. Funk

Place of Business, 55 Bank

Wm. Kelly *M. D.*
Medical Attendant.
Coroner

Address Penn & Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers

No. 12

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 74

HEALTH DEPARTMENT JAN 5 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 3rd 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Decker.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Thirty Eight *Years,* *Months,* *Days.*

Color, White *Sex,* Male.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married.

Occupation, Restaurant Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia Pa

Duration of Residence in the City of Baltimore, Five years.

Place of Death, {Give street and number.} No. 322 Pennsylvania Ave Balt.

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption.

Duration of Last Sickness, About Three Months.

All the above information should be furnished by the Physician.

Place of Burial, Mechanicstown

Date of Burial, January 5th 1875

{*Undertaker,* Jacob Weaver / *Place of Business,* No 4 & 6 David R. Ave} *Address* 174 Argyle ave, Balt

Jas. McSauder M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

W H Daniels

Keep.

No. 13

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 6 1875 BALTIMORE

Permit No. 153

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nancy Kane

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single,~~ ~~Widow~~ or ~~Widower,~~ {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County Derry Ireland

Duration of Residence in the City of Baltimore, Twenty eight years

Place of Death, {Give street and number.} N 320 Forest St

Cause of Death, First (Primary,) Tumor in the abdmen

Second (Immediate.) Dropsy

Duration of Last Sickness, about four month.

All the above information should be furnished by the Physician.

Place of Burial, Old cathedral Cemetery

Date of Burial, January 7 1875

Undertaker, James P Byrne

Place of Business, N° 634 Light Street *Address* 114 Park Avenue

H Thatcher M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Ree [illegible] No. 711

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

B2

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 76.

HEALTH DEPARTMENT JAN 6 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 5th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Davis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 100 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queen Annes Co. Maryland

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and number.} Little Sisters of the Poor Cor. John & Valley

Cause of Death, First (Primary,) Infirmity

Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, January 7th 1875

Undertaker, James O Byrne

Place of Business, No 63 N Front Street

Jno. Brooke Boyle M. D.
Medical Attendant.

Address 174 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 75

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 6 1875 BALTIMORE

Permit No. 77.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Addie Trice

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, In the City

Place of Death, {Give street and number.} 236 Park Av: Baltimore

Cause of Death, { First (Primary,) Membranous Croup
Second (Immediate.)

Duration of Last Sickness, About 16 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, January 6th 1875

E. W. Miltenberger M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, Nos 4 & 6 Druid Hill Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 76

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Cohagen

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 11 *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 11 st ays Grindall St, (no number)

Cause of Death, {First (Primary,) Infantile Convulsions -
{Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan 6th 1875

Undertaker, Armstrong & Denny

Place of Business, 263 Light st

H. B. Noble M. D.
Medical Attendant.

Address Cor Warren Street & Fallow Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 77

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 77.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 5th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ernst Henry Wichmann

Sex, Male or Female, { Cross out the word not required in this line. } ~~Female~~

Age, 44 Years, unknown Months, unknown Days.

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Confectioner.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Prussia

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, { Give street and number. } 19 Wallace st

Cause of Death, { First (Primary,) / Second (Immediate.) } Consumption

Duration of Last Sickness, Confined to house 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Jan 6th 1875

C. W. Colburn M. D.
Medical Attendant.

Undertaker, Chas Shuler

Place of Business, Cor Sharp & Pratt

Address 166 So Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 78

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

No. 80

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Harter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, One *Years,* Nine *Months,* Nine *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State of country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, One year, nine months, nine days

Place of Death, {Give street and number.} Chestnut St. No 209

Cause of Death, First (Primary,) Spasmodic Croup Bronchitis Tracheal.

Second (Immediate,) Exhaustion by Spasms

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Jany 7 1875

Undertaker, Geo Shilling

Place of Business, Lexington & Mott Address No 137 N. Eutaw St

A. C. Slem M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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No. 79

☞ Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Wm F. Wetherstein

~~Sex~~, *Male or* ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* ~~Months.~~ 20 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. city Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 132 S. Chester

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,)

Duration of Last Sickness, 18 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmell Cemetery R. W. Mansfield *M. D.*

Date of Burial, Thursday January 7th 1875 Medical Attendant.

Undertaker, H. M. Gluyas

Place of Business, 117 S. Broadway *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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No. 80

...ial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

...t No. 89

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 6 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Linda Nathenstein

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 2 *Months,* 16 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 132 S. Eutaw St

Cause of Death, First (Primary,) Scarlatina Anginosa

Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Cemetery H. W. Mansfield *M. D.*

Date of Burial, Thursday January 7 1875 Medical Attendant.

Undertaker, H. H. Gilmore

Place of Business, 132 S. Eutaw St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 81

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 5th '75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Pierce Mark ~~Le~~ Fennefsy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, one *Years,* 0 *Months,* 5 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} ~~Hoof~~ Hope Street beyond Point Lane

Cause of Death, First (Primary,) Has ~~fr~~ been sick from birth

Second (Immediate,) Dont know positively probably the result of Debility & constitution & general falling off one month

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Jany 6 1875

Undertaker, S C Rodemeyer

Place of Business, 38 Exeter St

Edmund R Walker M. D.
Coroner ~~Medical Attendant~~

Address 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1182

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 84

HEALTH DEPARTMENT JAN 8 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 5 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Catharine Bailey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* — *Months,* — *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} maryland

Duration of Residence in the City of Baltimore. 39 years

Place of Death, {Give street and number.} 130 Tyson St near Madison

Cause of Death, First (Primary,) Hypertrophy of Heart

Second (Immediate,)

Duration of Last Sickness, 15 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery G. Lane Tarughill *M. D.*

Date of Burial, Jan 7th 1875 Medical Attendant.

Undertaker, Wm. C. Clark

Place of Business, No 62 Park Ave *Address* 129 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 83

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

...it No. 83

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...he Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ..., to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Wharry

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 69 *Years,* ——— *Months,* 10 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland - In United States 26 years.

Duration of Residence in the City of Baltimore, Twenty six years.

Place of Death, {Give street and number.} 473 W. Pratt St

Cause of Death, {First (Primary,) Severe attack of Pneumonia
Second (Immediate,) Chronic Bronchitis & Asthma

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, To Morrow the 7th

{*Undertaker,* J. B. Brockbank & Son
{*Place of Business,* Baltimore St 606

S. T. Knight M. D.
Medical Attendant.

Address 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 84

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT. JAN 6 BALTIMORE.

Permit No. 86

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 5th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Green.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female.

Age, 40 *Years,* 10 *Months,* 1 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Life residence.

Place of Death, {Give street and number.} 94 N. Pine St.

Cause of Death, { First (Primary,) " Phthisis Pulmonalis "
{ Second (Immediate.)

Duration of Last Sickness, Three Years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Louis W. Knight M. D.

Date of Burial, January 7/75 Medical Attendant.

Undertaker, Wm B Richman

Place of Business, 234 W Gay *Address* 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemeteries

No. 85

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT 1875 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 87

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Evans

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* — *Days.*

Color, Black ~~Sex.~~

Married, Single, Widow or Widower, {Cross out the words not required in this line.} dont Know

Occupation, " "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} " "

Duration of Residence in the City of Baltimore, " "

Place of Death, {Give street and number.} 37 Hampstead st.

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption dont Know

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Potters field

Date of Burial, Jan 1. 1875

Undertaker, Wm Duncan

Place of Business, 5 Bank st

James A Steuart M. D.
Com. H. & Registrar

Address 93 Park av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECT[illegible] And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the P[illegible] who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within fo[illegible] hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting fo[illegible]r as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and [illegible]ause and date of death, except in cases of births and deaths of illegitimate children.

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Keepers of Cemete

Board of Health, City of Baltimore,

Permit No. 88.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 2d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Williams

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* — *Days.*

Color, Black ~~Sex,~~

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Aunt Rinn

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} "

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number.} Rr 4 Bethel Court

Cause of Death, {First (Primary,) / Second (immediate,)} Pneumonia

Duration of Last Sickness, Aunt Rinn

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn

Date of Burial, Jany 2d 1875

Undertaker, Wm Donovan

Place of Business, 6 Bank

James H Steuart M. D.
~~Medical Attendant~~
Coun of No 7 Eighteen

Address 93 Park st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

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No. 87.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Certificate No. 89

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 5th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Baldwin Parsons

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* Three *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 335 Madison Avenue

Cause of Death, { First (Primary,) Tabes Mesenterica
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Country

Date of Burial, 7th Jany 1875

{ *Undertaker,* Henry W. Jenkins & Son
Place of Business, 16 Light St Address

Jos. Lloyd Martin M. D.
Medical Attendant.
38 Mt Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 88

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 6 1875 BALTIMORE

District No. 90

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 6th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Maria Hanna

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 31 *Years,* 9 *Months,* 1 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Residence

Place of Death, {Give street and number.} Cor. Division & Lanvale

Cause of Death, First (Primary,) Pleurisy contracted twelve days

Second (Immediate,) after confinement. Immediate Cause of death. Collapse.

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery.

Date of Burial, January 7th 1875.

Undertaker, W. H. Cutchins & Son.

Place of Business, 19 Light St.

L. T. Knight M. D.

Medical Attendant.

Address 112 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 89

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 91

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* [illegible] the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas. McAnany

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 2 *Months,* — *Days.*

Color, *Sex,* M

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City Md.

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number.} 166 S. Howard

Cause of Death, First (Primary,) Pneumonia

Second (Immediate.) Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

R. J. N. Tall, M. D.
Medical Attendant.

Address 158 S. Sharp St, Balto Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 90

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 92

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN. 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Darenda F. C. Bramble

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester County Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 38, Lynch St.

Cause of Death, First (Primary,) Typhoid Fever.

Second (Immediate,)

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery *M. J. Gately* M. D.

Date of Burial, Jany 7 1875 Medical Attendant.

Undertaker, Hughes & Denny

Place of Business, 65 S Broadway *Address* 244 Bank St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 91

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 93.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 5th 1875. 7 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julius Anderson.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 183 Calvert Street.

Cause of Death, First (Primary,) Syphilis.

Second (Immediate,) " Meningitis.

Duration of Last Sickness, Countless. 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, January 7 1875

Undertaker, W. W. Hutchinson & Son

Place of Business, 162 Light St

Wm C Van Bibber M. D.
Medical Attendant.

Address 47 Frankfort St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 92

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 914.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 4 O'clock A. M. January 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Charles Thomas Revell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 51 *Years,* 2 *Months,* 14 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cabinet-maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Darmstadt Germany

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} 28 Bernard Street

Cause of Death, First (Primary,) Paralysis Agitans

Second (Immediate,)

Duration of Last Sickness, 9 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, January 7th

Undertaker,

Place of Business, Howells A 81

M. W. Donavin M. D.

Coroner ~~Medical Attendant.~~

Address 98 Lee Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 93

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 95

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 7 1875 BALTIMORE.

Date of Death, Jan 6th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos Augustus Ryan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 8yrs *Years,* 9 *Months;* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Balto. E.d. Hillen st.

Cause of Death, First (Primary,) Herth. Leyth.

Second (Immediate,) Marasmus.

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, old Cathedral

Date of Burial, Jan 7th.

Undertaker, James W Byrne

Place of Business, No 63 W Fremont

Luther Harrison, M. D.
Medical Attendant.

Address 133. N. Eutaw st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 94

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Let No. 96

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 7 1875 BALTIMORE.

Date of Death, Jan 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Lowry.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 33 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 33 years.

Place of Death, {Give street and number.} No 25. S. Canal St.

Cause of Death, First (Primary,) Puerperal Convulsions

Second (Immediate,) (Antepartum)

Duration of Last Sickness, one day.

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, Jany 8.

Undertaker, Jas Byrne

Place of Business, 62. Pratt.

Address 4 S High St.

Abram Arnold M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 75

l Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

HEALTH DEPARTMENT JAN 7 1875 BALTIMORE.

mit No. 97

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth F. Worthington

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Dress-making

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 94 Mulberry st

Cause of Death, {First (Primary,) Hypertrophy of heart with valvular inefficiency. Second (Immediate,) Premature delivery of a child

Duration of Last Sickness, Fourteen days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 7th 1875

R. H. Goldsmith. M. D.
Medical Attendant.

Undertaker, Thos S Hughes

Place of Business, 61 E Balt

Address No. 125 N. Charles st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keeper

No. 96

al Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 98

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JAN 9 1875 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January Oct 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Henson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

~~Married, Single,~~ Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} [redacted] Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 1 Milmer Al.

Cause of Death, First (Primary,) Organic Disease of Heart. Mitral Valve

Second (Immediate,) Asphyxia

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Jan 7th /75

Undertaker, Wm James Jr

Place of Business, 65 Mulberry st

J. H. Keller M. D.
Medical Attendant.

Address 89 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keep

No. 97

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Mr.

97

Board of Health, City of Baltimore.

HEALTH DEPARTMENT JAN 7 1875 BALTIMORE

Permit No. 99.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 6 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Miller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 130 S. Washington St Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 2 Spruce Alley

Cause of Death, First (Primary,) Malignant Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Michael Cemetery

Date of Burial, Friday Jan 8 1875

Undertaker, John P Brown

Place of Business, 75 S. Hall St

James E. Donnelly M. D.
Medical Attendant.

Address 299 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 98

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

98

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 7 1875 BALTIMORE

Permit No. 100.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 6th January 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Bridget McKenny

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 11 *Years,* 6 *Months,* 20 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 11th years

Place of Death, {Give street and number.} 372 Franklin

Cause of Death, {First (Primary,) Shock to Nervous System
Second (Immediate,) from fall.

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, 8th January 1875

Undertaker, Geo. Crane

Place of Business, 518 West Baltimore St

H. H. Little M. D.
Medical Attendant.

Address 237 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 99

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JAN 7 1895 BALTIMORE

Permit No. 101.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} May Wheatley

~~Sex~~ ~~Male~~ ~~or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years.* 10 *Months,* 12 *Days.*

Color, White *Sex,* Female

~~*Married,*~~ ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 163. N. Carey

Cause of Death, First (Primary,) Pseudo Membranous Croup

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery Edwd F. Mitchell M. D.

Date of Burial, 6th January 1895 Medical Attendant.

Undertaker, Jos. Loane

Place of Business, 568 W. Balto St. *Address* 279 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 100

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

No. 100

OFFICE OF REGISTRAR OF VITAL STATISTICS.

t No. 102

HEALTH DEPARTMENT JAN 1875 BALTIMORE.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.}

Sex, Male ~~Female~~ {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N° 1 Eutaw Court

Cause of Death, { First (Primary,) / Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 7th 1875

{ *Undertaker,* John Jordon
{ *Place of Business,* 63 Park St.

Jno A Stewart M. D.
Comm. of Health
Address for M

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 101

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

101

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 7 1875 BALTIMORE.

Permit No. 103

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.}

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* ____ *Days.*

Color, Black *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Co

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} N° 11 Marion St Court

Cause of Death, { First (Primary,) ____ Second (Immediate,) ____

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 7th 1875

{ *Undertaker,* John C. Gordon
{ *Place of Business,* 43 Park St,

Jas. I. Hunt M. D.
~~Medical Attendant.~~

Address South Common

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 102

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

102

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 1875 BALTIMORE

Permit No. 101

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 6th January, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Catharine Barrett

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, about 72 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ——— ——— ——— ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, . . .

Place of Death, {Give street and number.} 218 Lexington St.

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) Heart

Duration of Last Sickness, Six weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's Coloundown

Date of Burial, Jany 8th 1875

A. W. Littell M. D.
Medical Attendant.

Undertaker, Jos. P. Byrne

Place of Business, 59 Liberty St *Address* 231 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 103

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

103

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 1875 BALTIMORE

Permit No. 105.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 6th 1874

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Wode

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 16 *Years,* 5 *Months,* 11 *Days.*

Color, *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 85 Henrietta St

Cause of Death, First (Primary,) organic disease of the heart

Second (Immediate,)

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 8

Undertaker, H. Poole

Place of Business, Henrietta 781

Chas F. Heuser M. D.
Medical Attendant.

Address No 97 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1014

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 106

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Thomas M. Platt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 44 th *Years,* *Months.* *Days.*

Color, *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Saddler

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland — 23 years in this country

Duration of Residence in the City of Baltimore, do do

Place of Death, {Give street and number.} 256. N. Eutaw St

Cause of Death, First (Primary,) Hepatic & Renal Cancer

Second (Immediate,) Dropsy 3 years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, 8 January

Undertaker, Jacob Mear

Place of Business, Eutaw St

Dr Cary Thomas M. D.
Medical Attendant.

Address 317 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

will make ... whenever issued, once in each week.

No. 105

The Special Attention of Physicians is respectfully invited ... Must, in all ... and to List of Diseases on back of this Certificate.

105

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 107

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death occurred, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 7th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Andrew Schick

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male.

Age, 40 years ~~Years.~~ ~~Months.~~ ~~Days.~~

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany, resident of Balt. 15 yrs.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 19 S. Wolfe St.

Cause of Death, First (Primary,) Injury of thoracic & abdominal organs.

Second (Immediate,) Peritonitis

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Jan. 8th 1875

Undertaker, John Braun

Place of Business, 19 S. Wolfe

G. Glanville, Res't & Int. D., M. D.
Medical Attendant.

Address Balt. & Washington, Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 106

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

106

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Dist No. 108

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 6th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugene Allen

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, Years. 11 Months, Days.

Color, Black *Sex,* Male

~~*Married, Single,* Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 11 Months

Place of Death, {Give street and number.} 129 Chestnut alley

Cause of Death, { First (Primary,) Scrofula
Second (Immediate.) Hydrocephalus.

Duration of Last Sickness, 35 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 8

Undertaker, F B Cook

Place of Business, 707 W Baltimore Address 363 Franklin St

J. H. C Cobb, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 107

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 109

HEALTH DEPARTMENT JAN 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. McClellan Ford

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* *Months,* Three *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Three months

Place of Death, {Give street and number.} Gilmore St. cor of Liberty Road

Cause of Death, First (Primary,) Pneumonia

Second (Immediate.) Supposed effusion into ventricles of brain

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Jan 8th 1875

Undertaker, Jno. H. Weaver

Place of Business, 22 N. Fayette

Thos. S. Latimer M. D.

Medical Attendant.

Address 248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Keeper.

No. 105

☞ ial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 30 1875 BALTIMORE

Permit No. 110

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *separately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4th January 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katharine Weigandt.

~~Sex, Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 44 *Years,* 5 *Months;* *Days.*

Color, White *Sex,*

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Riesenbeck, Baden (Germany)

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} Portugal Alley S.

Cause of Death, {First (Primary,) / Second (Immediate,)} Hemiplegia 4 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, H. Asylum

Date of Burial, January 30th 1875

William Henkel M. D.
Medical Attendant.

Undertaker, H. H. Stamper

Place of Business, No 321 Canton Ave: *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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No. 109.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JAN 8 1875 BALTIMORE

Permit No. 111. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Kelly

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ___ *Years,* 9 *Months,* 9 *Days.*

Color, ___ *Sex,* ___

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ___

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ___

Place of Death, {Give street and number.} Duncan Alley (near

Cause of Death, {First (Primary,) Congest. Fever,
Second (Immediate,)}

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cimetery

Date of Burial, January 3rd 1875

Wm. J. Galt M. D.
Medical Attendant.

Undertaker, F. M. Gilmore,

Place of Business, No 34 Custom House Address 24 N. Frank St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 110

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 112.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lorrie Kinnehman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 0 *Years,* 4 *Months,* 4 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, during life time

Place of Death, {Give street and number.} 57 Fountain Ste

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlatina Malignant

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, H & L Ghemsers

Date of Burial, January 3 1875

Undertaker, H. M. Gilmayer

Place of Business, No 341 Canton Ave.

R. W. Mansfield *M. D.*
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers o

No. 111

☞ al Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 113.

OFFICE OF REGISTRAR OF V[illegible] STATISTICS.

HEALTH DEPARTMENT JAN 8 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, About 4 O'clock a. M. January 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Jacob

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* 7 *Months,* 24 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Upholsterer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Strelitz Mecklenburg Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 109 Leadenhall Street

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, One hour and a half

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, Jan 9th 1875

Undertaker, R Runnodorn

Place of Business, 92 Hanover St

M. V. Donavin M. D.
Coroner ~~Medical Attendant.~~

Address 98 Lee Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 8112

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 8 1875 BALTIMORE

Permit No. 1111

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Eschenor

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 21 yrs

Place of Death, {Give street and number.} Cassard's Pork packing Warehouse, Fayette near Caroline

Cause of Death, First (Primary,)

Second (Immediate.) Internal Injuries & Shock

Duration of Last Sickness, Died instantly

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Jan 9 1875

Undertaker, W. Brown

Place of Business, 77 Wolf St

Thos. Kelly *M. D.*
Medical Attendant.
Corner

Address Fawn & Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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No. 115

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 8 1875 BALTIMORE

Permit No. 115

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, when properly *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Godwin

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, *Years,* *Months,* Five *Days.*

Color, White *Sex,* male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, Boston

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 28 Front St ~~to~~

Cause of Death, First (Primary,) Cold

Second (Immediate,) Convulsions

Duration of Last Sickness, Twenty four hours

All the above information should be furnished by the Physician.

Place of Burial, St Iments' Grave yard Milton A. Taylor M. D.

Date of Burial, January 8th 1875 Medical Attendant.

Undertaker, Jas M. Byrne *Address* No 100 Broadway.

Place of Business, Front St 4 doors from Do

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 114.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 116

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JAN 8 1875 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 7. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Friderick Markla.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 37 *Years,* 10 *Months,* 28 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Cigarmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Since early childhood

Place of Death, {Give street and number.} No. 108 Thames St.

Cause of Death, First (Primary,) Emphysema & Chronic Bronchitis

Second (Immediate,) Dilatation of the Heart.

Duration of Last Sickness, 8 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem. *Abram P. Arnold* M. D.
Medical Attendant.

Date of Burial, Jan 9th 1875

Undertaker, Kehal Erkhall,

Place of Business, 269 Canton Av *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 116

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

t No. 117

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled ne undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT 1875 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 1st Jan; 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary Jane English

Sex, Male or Female, {Cross out the word not required in this line.} Female (?)

Age, 14 61 *Years,* *Months,* *Days.*

Color, White *Sex,* Female ~~Widow~~

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Don't Know

Place of Death, {Give street and number.} 398 Mulberry St.

Cause of Death, { First (Primary,) Consumption
Second (Immediate,) Don't Know

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Saturday 9

Undertaker, Jacob Frare

Place of Business, Druid Hill ave 496

N. H. Little, M. D.
Medical Attendant.

Address 231 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 116

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

No. 116

Permit No. 118

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~and is to be filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JAN 8 1875 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Janry 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gerard H Sappington

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 80 *Years,* one *Months,* _____ *Days.*

Color, White *Sex,* Ma

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} Edmonson Av near Republican

Cause of Death, {First (Primary,) Neuralgia

{Second (Immediate,) & old age

Duration of Last Sickness, three months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Janry 9th 1875

Undertaker, Wm H Hughes

Place of Business, 60 E Balto

Richd Sappington M. D.
Medical Attendant.

Address 132 N Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 117

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of This Certificate.

HEALTH DEPARTMENT JAN 8 1875 BALTIMORE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 119.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 7. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Gertrude Rauschenbusch

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, Six *Years,* ~~*Months,*~~ *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Six years.

Place of Death, {Give street and number.} Jackson, Pg. Av. & Chappell.

Cause of Death, First (Primary,) Scarlet Fever.

Second (Immediate,) Coma.

Duration of Last Sickness, Eighteen days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Jan 9/75

Undertaker, C. H. Revell

Place of Business, 131 E. Fayette

G. Glanville Rusk, M. D.
Medical Attendant.

Address Balt. & Washington, St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 118

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

HEALTH DEPARTMENT JAN 8 1875 BALTIMORE

Permit No. 120

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Lloyd Lacy

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 5 y *Years,* Seven *Months,* *Days.*

Color, White *Sex,*

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number.} No. 28 North Street

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Anasarca

Duration of Last Sickness, Three weeks

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Jan 9 1875

Undertaker, Jno. P. Tyrie

Place of Business, 76 Front St. *Address*

Milton A. Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers

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119

☞ ial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

HEALTH DEPARTMENT JAN 8 1875 BALTIMORE.

Board of Health, City of Baltimore,

Permit No. 121.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Sohl

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* 3 *Months,* 7 *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Schlitz in Hessen (Germany)

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and number.} 252 Sharp St

Cause of Death, { First (Primary,) Second (Immediate,) } Pneumonia Pleuritis

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 10. 1875

H. Adler M. D.
Medical Attendant.

Undertaker, Hy. H. Jenkins & Son

Place of Business, Light St *Address* 95 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 120

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

120

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16 Transit.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately~~ *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 23rd 1875 (9 40 PM)

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Chauncey Backus

~~*Sex,*~~ *Male* ~~*or Female,*~~ { Cross out the word not required in this line. }

Age, Thirty-two *Years,* *Months,* Fourteen days *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, Clerk

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, In Balt. except College + 2 years in Phila.

Place of Death, { Give street and number. } Madison St. No 126

Cause of Death, First (Primary,) Chronic Bright's Disease (4 years duration.)

Second (Immediate,) Exhaustion (cerebral)

Duration of Last Sickness, Thirty-two days

All the above information should be furnished by the Physician.

Place of Burial, Shrlad

Date of Burial, Jan 27 1875

Reagin Buckler M. D.
Medical Attendant.

Undertaker, Geo W Spence

Place of Business, 206 Forest St *Address* 135 St Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 121

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

121

Board of Health, City of Baltimore,

121

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17 — out transit

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24th Jany 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Reader Hoole

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 1. *Months,* Five *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 475. Franklin Street —

Cause of Death, {First (Primary,) Cyanosis —
Second (Immediate.)

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, Anoplis

Date of Burial, Janu 26

Undertaker, I B Cook

Place of Business, N° 707 West Baltimore Address 1 Waverley Terrace

Geo H. Epsto M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keeper.

No. 122

☞ ial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 122

HEALTH DEPARTMENT JAN 8 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *immediately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 1. 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adeline E. Wallace

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 13 *Years,* 10 *Months,* 13, *Days.*

Color, Black, *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, School Girl

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt,

Duration of Residence in the City of Baltimore, 13 Yrs 10 m. 13 days

Place of Death, {Give street and number.} 208 Hanover

Cause of Death, {First (Primary,) Phthisis
Second (Immediate,)

Duration of Last Sickness, 9 months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery By Theodore Dorsey M. D.

Date of Burial, Jan 8th 1875 Medical Attendant.

{*Undertaker,* J. H. Davis
{*Place of Business,* 12 Saratoga St *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 123

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

HEALTH DEPARTMENT JAN 8 1875 BALTIMORE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 122

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria ~~Sex, Male~~ or Female, {Cross out the word not required in this line.} female

~~Age,~~ ~~Years,~~ ~~Months,~~ 2½ hours ~~Days~~

Color, white *Sex,* female

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore No 99 Hillen st

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 99 Hillen st.

Cause of Death, {First (Primary,) / Second (Immediate,)} was an 8 months foetus

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, January 8th 1875

Pierre F. Dausch M. D.
Medical Attendant.

{*Undertaker,* / *Place of Business,* 309 Central Av} *Address* 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1284

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

124

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 124

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, about 4 o'clock P.M. January 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Wright

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, Six (6) Months, 24 Days.

Color, Colored *Sex,* M

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 3 x Alley

Duration of Residence in the City of Baltimore, 5 months and 24 days

Place of Death, {Give street and number.} 3 x Alley Natural Causes

Cause of Death, First (Primary,) As Coroner I am satisfied that the death resulted from natural causes. I prefer not to offer conjecture

Second (Immediate.) and thus so far will this the vital statistics.

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Jany. 6

Undertaker, S W Chase

Place of Business, 192 S. Howard *Address* 98 Lee Street

C. W. Donovan M. D.
Medical Examiner
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keep

No. 125

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 125

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPARTMENT JAN 8 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nancy Anne ~~Scott~~ Castle

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 69 *Years,* 11 *Months,* 2 *Days.*

Color, Mulatto *Sex,* Female

Married, ~~Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and number.} 214 Hamberg St

Cause of Death, {First (Primary,) Hypertrophy of Heart with Disease of Valves

{Second (Immediate.) Asthma with Dropsy

Duration of Last Sickness, 7 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Jany 5

Theodore Cooke M. D.
Medical Attendant.

Undertaker, W H Chase

Place of Business, No 198 W. Fayette St *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Key [illegible] No.

Special Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of this Certificate.

126

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Certificate No. 126

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Webster

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 79 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore. 30 yrs

Place of Death, {Give street and number.} 421 W. Fayette St.

Cause of Death, {First (Primary,) Cancer of face

Second (Immediate,)

Duration of Last Sickness, 7 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 9th 1875

Undertaker, [illegible]

Place of Business, No 156 Camden

John Neff M. D.
Medical Attendant.

Address 558 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 127

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Certificate No. 127

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lydia Page

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 78 years

Place of Death, {Give street and number.} No 321 E. Fayette

Cause of Death, First (Primary,) Senile Debility

Second (Immediate,)

Duration of Last Sickness, about 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery | Geo. A. Hartman M. D.

Date of Burial, January 9th 1875 at 10 a. m. | Medical Attendant.

Undertaker, J. T. Scott Residence 234 E. Baltimore St | Address

Place of Business, None

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 123

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

128

Board of Health, City of Baltimore.

HEALTH DEPARTMENT JAN 1875 BALTIMORE

Cert No. 128

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 8. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Thamburg,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* 21 *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 46 Hanover St

Cause of Death, {First (Primary.) Hereditary Predisposition
Second (Immediate.) Acute Hydrocephalus

Duration of Last Sickness, about three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan. 9th 1875

W. P. Morgan *M. D.*
Medical Attendant.

{*Undertaker,* A. W Jenkins & Sc
{*Place of Business,* Light St

Address 175 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 129

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

HEALTH DEPARTMENT JAN 8 1875 BALTIMORE

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 129

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 8th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Woolford

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* five *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 40 Chestnut

Cause of Death, First (Primary,) Acute Bronchitis

Second (Immediate.)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *Wilbur Latham* M. D.

Date of Burial, Jan 9th 1875 Medical Attendant.

Undertaker, Wm. N. Lungren *Address* Cor Exeter & Watson

Place of Business, 104 East St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Reg.

No. 130

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

130

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 2 1875 BALTIMORE

Permit No. 130

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Elizabetha Klingelhöefer

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, Twenty four *Years,* Five *Months,* ——— *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, ——— None ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kurfurestentum Hessen.

Duration of Residence in the City of Baltimore, – Four years –

Place of Death, {Give street and number.} No 8 Fells st Balt. City. Md

Cause of Death, First (Primary,) ——— Puerperal Fever ———

Second (Immediate,) ——— Not able to say exactly.

Duration of Last Sickness, Two days,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Ninth January 1875

Undertaker, George Froeklich

Place of Business, No 339 Canton Ave

Thomas D Evans M. D.
Medical Attendant.

Address No 18 Jackson Square
Baltimore City Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Kee 611 No. 131

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

131

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 1895 BALTIMORE

Permit No. 131

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Powers

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* ___ *Months,* ___ *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Labourer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kilkenny Ireland; Twenty Eight years

Duration of Residence in the City of Baltimore, Twenty Eight years

Place of Death, {Give street and number.} 77 Boyd Street

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Exhaustion

Duration of Last Sickness, One year and Six months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, January 9

Undertaker, J B Cook

Place of Business, No 707 W Baltimore *Address* 498 West Fayette St

John C Waters M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Kee

No. 132

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.



Board of Health, City of Baltimore,

Permit No. 1 X X 132. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 1st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clifton Church

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, Two *Years.* *Months.* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 131 Hollins St east of Schroeder

Cause of Death, First (Primary,) Malignant Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 3 1875

D. P. Hoffman M. D.
Medical Attendant.

Undertaker, A B Cook

Place of Business, 70 & 70 Balto St *Address* 279 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

K

No. 133.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 136.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Kelmartel

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 3 *Years,* 2 *Months,* 9 *Days.*

Color, White ~~Male~~ Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 yrs. 2 mos. 9 days

Place of Death, {Give street and number.} 288 S. Bond St

Cause of Death, {First (Primary,) Scarlatina Maligna
{Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Carrols

Date of Burial, Jany 10 1874

R. W. Manfield M. D.
Medical Attendant.

{*Undertaker,* Leonard Kurz
{*Place of Business,* 177 S. Bond *Address* 117 & 119 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers

No. 1134

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1311

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 8th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christoph Koch

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 87 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Basket Mater

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hesse Darmstadt Germany

Duration of Residence in the City of Baltimore, 28 yrs

Place of Death, {Give street and number.} 99 S. Spring St

Cause of Death, First (Primary,) old age

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

The above is from information

Place of Burial, Trinity Church Cemtry

Date of Burial, January 10th 2 P.M.

Jno. Kelly M. D.

Medical Attendant.

Coroner

Undertaker, Michael Sunty

Place of Business, 35 Bank St.

Address Town & Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 135

Board of Health, City of Baltimore,

Certificate No. 135 11 11

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 8th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Michael Kitzendorf

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 66 *Years,* — *Months,* — *Days.*

Color, white *Sex,* male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Bavaria, Germany. 23 years in the U.S.

Duration of Residence in the City of Baltimore, 23 years

Place of Death, { Give street and number. } 8 South Chapel St.

Cause of Death, { First (Primary,) Apoplexia cerebri / Second (Immediate,) Paralysis

Duration of Last Sickness, 18 months.

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Cemetery

Date of Burial, Jan. 11th 1875.

Undertaker, John Braun

Place of Business, 77 S. West St.

F. Bond M. D.
Medical Attendant.

Address 102 S. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers

No. 136

ial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

it No. 136.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Edmunds

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 8 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Stricker St Orphan Asylum

Cause of Death, First (Primary,) Enteritis

Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem Thomas Opie M. D.

Date of Burial, 9th Jany 1875 Medical Attendant.

Undertaker, Hy W. Jenkins Son *Address* 39 & W. Fayette St.

Place of Business, 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 137

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 137

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1875 BALTIMORE. JAN 1875

CERTIFICATE OF DEATH.

Date of Death, January 8th 1875 9 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stephen Ignatius Cleary.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~8~~ *Years,* 18 *Months,* *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. 96 Hammond St.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 171 N. Calvert St.

Cause of Death, First (Primary,) Dentition.

Second (Immediate,) Convulsions.

Duration of Last Sickness, 9 Hours.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem. W. Evan Bibbs M. D.

Date of Burial, Jan 10th 1875 Medical Attendant.

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light St. *Address* 17 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 138

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 138

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John West

~~Sex~~, *Male or Female,* {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* *Days.*

Color, *Sex,* (illegible)

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 392 East Al.

Cause of Death, {First (Primary,) Sentition
{Second (Immediate,) Convulsions

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 11th 1875

Undertaker, Matthias A. Dager

Place of Business, No. 74 S. Broadway

R. W. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Koo:

No. 139

☞ al Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 139

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} William McMahon

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Five *Years,* 4 *Months,* Eleven *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 1110 E. Central Av.

Cause of Death, First (Primary,) Scarlina

Second (Immediate,) Asthenia

Duration of Last Sickness, 17 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, Jan. 9 1875

Undertaker, Matthias A. Dwyer

Place of Business, 74 S. Broadway

Geo. L. Kummer M. D.
Medical Attendant.

Address 73 E. Fort St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1140

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 1140

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Virginia

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Two yrs. Two *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} State North Carolina

Duration of Residence in the City of Baltimore, Eight years

Place of Death, {Give street and number.} 67 South Eden Street

Cause of Death, First (Primary,) Intermittent fever

Second (Immediate,) Congestive Chill

Duration of Last Sickness, Fourteen Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Jany. 10th 1875

Undertaker, Matthew A. Daugherty

Place of Business, 74 S. Broadway

R. R. Simmons M. D.

Medical Attendant.

Address 78 East Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 1141

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1441

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE JAN 9 1875

HEALTH DEPARTMENT BALTIMORE JAN 9 1875

CERTIFICATE OF DEATH.

Date of Death, Jan 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lydia Jones

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 79 *Years,* — *Months,* — *Days.*

Color, Black. *Sex,* Female

Married, ~~Single Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, 79 years

Place of Death, {Give street and number.} 243 S. Howard

Cause of Death, {First (Primary,) Apoplexy 2nd attack
Second (Immediate.)}

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Clark's Cemetery

Date of Burial, Jan 8 1875

Theodore Cook M. D.
Medical Attendant.

Undertaker, S. H. Chase

Place of Business, No 198 W. Howard *Address* 146 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1112

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1112

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 8 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Wilson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* 15 *Days.*

Color, Mulatto *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, 2 Years 9 M 15 Days

Place of Death, {Give street and number.} 59 Williamson St

Cause of Death, {First (Primary,) / Second (Immediate.)} Phthisis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Charles St Cemetery Thos Scott & Co M. D.
Medical Attendant.

Date of Burial, Jany 10 1875

{*Undertaker,* B. W. Chase *Address* 146 Hanover
Place of Business, 86-198 Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 143

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

143

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 143.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7th day of January 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac Cromwell

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 66 *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Wood Sawyer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 124 Conway St. Balto. Md

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) ~~4 days~~

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Jan 9th 1875

Undertaker, Sanderlease

Place of Business, Cor Hill & Howard 198

L. S. Johnson M. D.
Medical Attendant.

Address 177 Conway St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

11 No. 1144

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 1144 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan: 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Leach

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 44 *Years,* 6 *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Forest Place No 20

Cause of Death, { First (Primary,) / Second (Immediate.) Diabetis

Duration of Last Sickness, Years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 11th 1875

{ *Undertaker,* Henry Winans

{ *Place of Business,* 64 N Gay St *Address*

Jno. S. Latimer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

11

No. 1144

al Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1144

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Leach

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 44 *Years,* 6 *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Forest Place no 20

Cause of Death, First (Primary,)

Second (Immediate,) Diabetes

Duration of Last Sickness, Years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 10th 1875

Undertaker, Henry Kimmel

Place of Business, 64 N Gay St *Address*

Fr. S. Latimer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1745

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

145

Board of Health, City of Baltimore,

Permit No. 1451

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 7th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Henry Schnittker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 5 *Months,* 5 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 173 N. Eden St. Balto

Duration of Residence in the City of Baltimore, 6 yrs 5 mos. 5 days

Place of Death, {Give street and number.} 173 N. Eden St, Balto

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate.)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

From Information
Dr. Osborne was Medical Attendant

Place of Burial, Emanuel Cemetery

Date of Burial, Jany 9 1875

Undertaker, Adam Weidemeyer

Place of Business, 518 W Hall St Address Penn & Exeter

Thos. Kelly M. D.
~~Medical Attendant.~~
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 146

☞ ial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 146.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 8, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Archibald S Gayle

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 1 *Months,* 20 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} 197 Cathedral St

Cause of Death, First (Primary,) Pneumonitis

Second (Immediate,)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 11th 1875

J. M. H. Hank M. D.
Medical Attendant.

Undertaker, Chas Schum

Place of Business, 211 N. Eutaw St *Address* 118 N. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 147

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

147

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 147.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary McNulty

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 70 *Years,* *Months,* *Days.*

Color, White *Sex.* Female

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years in Baltimore

Place of Death, {Give street and number.} 78 South Baltimore

Cause of Death, {First (Primary,) Asthma - Bronchitis
Second (Immediate,) age

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Jan 10th

Undertaker, J B Cook

Place of Business, No 707 W Baltimore

Richard McSherry M. D.
Medical Attendant.

Address 189 W Hamilton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1148

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 1148

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Craigs

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Sixty two *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Glasgow Scotland

Duration of Residence in the City of Baltimore, Ever known

Place of Death, {Give street and number.} Cor John & Camden Sts

Cause of Death, First (Primary,) Chronic Pyloris

Second (Immediate,)

Duration of Last Sickness, Over a year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, January 10th 1875.

Jn H Dieffenderffer M. D.
Medical Attendant.

Undertaker, Wm F. Weaver

Place of Business, 242 W. Baltimore St. *Address* 1012 High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 149

☞ ial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 149

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT 1875 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Helmerich, Lenemann

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Years, Months, 3 Days.

Color, white *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 3 days

Place of Death, {Give street and number.} 25 Lancaster Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Schwatz B. Ground

Date of Burial, January 9 1875

{*Undertaker,* Leonard Kurtz
Place of Business, 277 S. Bond St} Address

Ernest Stein M. D.
~~Medical Attendant~~
Coroner
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 150

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 150.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN
9
1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan'y 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hester Robinson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, (About) 100 *Years,* ~~Months,~~ ~~Days.~~

Color, Colored ~~Sex,~~

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, (Last) Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Westmoreland Co. Va

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 7 Harmony Lane

Cause of Death, {First (Primary,) / Second (Immediate,)} Old Age

Duration of Last Sickness, about 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan'y 9th 1875

{*Undertaker,* Wm James Jr. / *Place of Business,* 65 Mulberry St}

R. C. Ill M. D.
Medical Attendant.

Address W. W. Co Hanover & Bar-

Keeper

No. 132

☞ Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of this Certificate.

151

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 157.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 31 1875 BALTIMORE

Date of Death, 8.30 P.M. 8th January 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Mc Kenna

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} ~~Male~~ Female

Age, 6 *Years,* [illegible] *Months.* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Co. Tyrone Ireland

Duration of Residence in the City of Baltimore, 43 years

Place of Death, {Give street and number.} 19 Bond st.

Cause of Death, First (Primary,) Tubercular disease of Heart

Second (Immediate.) Hydrothorax. Scalds. Marasmus.

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Graveyard

Date of Burial, January 11th 1875

Undertaker, H. H. Gilmore

Place of Business, 41 Eutaw st

John F. Monmonier, M. D.
Medical Attendant.

Address Cor Calvert & Read

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...ial Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of this Certificate. No. 152

Board of Health, City of Baltimore,

Permit No. 152.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Poirot

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* 8 *Months,* 11 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} France

Duration of Residence in the City of Baltimore, ~~In Baltimore~~ 40 yrs

Place of Death, {Give street and number.} Franklin Street No 501

Cause of Death, First (Primary,) Plethora

Second (Immediate,) Apoplexy

Duration of Last Sickness, immediate

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Jany 10 1875

Undertaker, Wm McCoard

Place of Business, 902 W Balto.

Address 321 Walnut St

[illegible] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 1153

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 1153

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 8th, 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lydia Cannox

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 57 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Light St. 559.

Cause of Death, {First (Primary,) / Second (Immediate.)} Pulmonary Hemorrhage

Duration of Last Sickness, one day.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemet.

Date of Burial, January 10th

J. E. Harrington M. D.
Medical Attendant.

{*Undertaker,* John S. Mather
Place of Business, 150 Camden St. *Address* 364 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 154

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 154

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Jane Newton

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 37 *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Female

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Shirt Marker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Newburg, Orange Co. N. Y.

Duration of Residence in the City of Baltimore, Thirty one Years

Place of Death, {Give street and number.} Cor Broadway & Adams St

Cause of Death, {First (Primary,) Exposure

Second (Immediate,) Affection Liver & Lungs

Duration of Last Sickness, Eighteen Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Jan 11th 1875

J. A. Gillis M. D.
Medical Attendant.

Undertaker, Jacob T. Nanuth

Place of Business, Saratoga St opposite ~~Amity Street~~

Address 28 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 155

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

155

Board of Health, City of Baltimore,

Permit No. 155. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 7th 1874.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Frank Nick

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.} Male

Age, Twenty-one (21) *Years,* Nine (9) *Months,* Forty (40) *Days.*

Color, White *Sex,* Male

Married, ~~*Single*~~, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.} Married

Occupation, Store Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Arundel Co. Maryland

Duration of Residence in the City of Baltimore, Four Months (4)

Place of Death, {Give street and number.} S. W. Cor. Eutaw & Pratt

Cause of Death, First (Primary,) Pulmonary Illness

Second (Immediate,) Exhaustion

Duration of Last Sickness, About One Year

All the above information should be furnished by the Physician.

Place of Burial, Anne Arundel

Date of Burial, Jan. 10th Inst. Dr. L. Hilton M. D.

Medical Attendant.

Undertaker, W. Frazier

Place of Business, 1020 Union Ave. *Address* 6th & Pratting

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

ial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

156

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 156,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 1st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Bown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany Bravaria

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} Hospital

Cause of Death, {First (Primary,) Tubercular Disease of Pancreas
Second (Immediate,) Exhaustion

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, January 4, 1875

{*Undertaker,* [illegible]
{*Place of Business,* [illegible]

Wm. Corkey M. D.
Medical Attendant.

Address Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Keepers' [illegible] No. 157

ial Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of this Certificate.

157

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 157.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry A. Adams

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 7 *Days.*

Color, Col'd. *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 103 Chesnut alley

Cause of Death, First (Primary,) Second (Immediate.) Heavy cold

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Jan 10th 1875

Undertaker, Jno C. Jordan

Place of Business, 63. Park St.

Wm. A. Stewart M. D.
Medical Attendant.

Address Health Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Keeper.

No. 133

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1581

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Virginia Lurcey

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Five (5) *Years,* Four (4) *Months,* Five (5) *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, From the time of birth

Place of Death, {Give street and number.} 53 Caroline St.

Cause of Death, First (Primary,) Cerebritis & Cerebral Tumor - Disease

Second (Immediate,) Convulsions

Duration of Last Sickness, Six (6) days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Burial Ground

Date of Burial, 10 January 1875

Undertaker, John C. Schuck

Place of Business, 165 Aliceanna St. *Address*

C. L. Hitchcock *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 159

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 159.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 11 1875 BALTIMORE

Date of Death, January 9 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Eagan

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 2 *Years,* 5 *Months,* 2 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 yr 5 mon. 2 days

Place of Death, {Give street and number.} 12 Pontiac St

Cause of Death, First (Primary,) Membranous Croup

Second (Immediate,) Asphyxia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, January 11th 1875

Undertaker, Chas A Herold

Place of Business, 161 Hanover St. *Address* 154 Shark St

L. E. Hinkins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keep

No. 2 160

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 160

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 10 1875 BALTIMORE.

Date of Death, Jan. 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Maria Brawn

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, Mulatto *Sex,* Female

Married, ~~Single,~~ ~~Widow~~ *or* ~~Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Easton Talbot Co Maryland

Duration of Residence in the City of Baltimore, More than Thirty years

Place of Death, {Give street and number.} East 1154

Cause of Death, First (Primary,) Peritonitis

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Jan 10 1875

Edwin C. Baldwin M. D.
Medical Attendant.

Undertaker, William N Dorsey

Place of Business, No 104 East St *Address* 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 161

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 161.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 10 1875 BALTIMORE

Date of Death, Jan 9th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Kilduff

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 2 *Months,* 14 *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York city

Duration of Residence in the City of Baltimore, 1 week

Place of Death, {Give street and number.} 6 Forrest Place

Cause of Death, First (Primary,) Don't Know

Second (Immediate,) Convulsio

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Ant Edmund R Walker M. D.

Date of Burial, Jan 10 – 1875 Coroner ~~Medical Examiner~~ Md Pol: Dist

Undertaker, John I Rodmyer *Address* 180 Linden Ave

Place of Business, 102 Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 162

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

162

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 162.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 1875 BALTIMORE.

Date of Death, January 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac Hines

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ~~45~~ or 30 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Hostler

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, not known

Place of Death, {Give street and number.} N 182 Tyson St

Cause of Death, { First (Primary,) / Second (Immediate.) } Disease of Heart

Duration of Last Sickness, Twenty four hours

All the above information should be furnished by the Physician.

Place of Burial, Bev cathedral

Date of Burial, Jan 12th 1875

Undertaker, Wm J Gray

Place of Business, 45 Mulberry St

T E Shatford M. D.
Medical Attendant.

Address N 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 163

☞ Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 10 1875 BALTIMORE

Permit No. 165

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate [illegible] *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of [illegible], or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Ramus

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, about 29 *Years,* *Months,* *Days.*

Color, Dark brown *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St. Mary's County Md.

Duration of Residence in the City of Baltimore, Nearly 8 years

Place of Death, {Give street and number.} 67 Plum Alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Chapel Cemetery

Date of Burial, Jany 10 1875

R. M. Hall M. D.
Medical Attendant.

{*Undertaker,* C. H. Chase
Place of Business, No 198 Howard St *Address* 266 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 164

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 164

HEALTH DEPARTMENT JAN 10 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Kraft

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, about 63 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line}

Occupation, Shopkeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany — Hesse Darmstadt

Duration of Residence in the City of Baltimore, about 20 years —

Place of Death, {Give street and number.} Gilmor St South of Ramsay

Cause of Death, First (Primary,) Fatty degeneration of heart

Second (Immediate,) Paralysis followed by softening

Duration of Last Sickness, about 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 8/75

Undertaker, Charles Pressing

Place of Business, 136 E Fayette St

Frank E Ballzell M. D.
Medical Attendant.

Address 175 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

cial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 165

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 163

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE.

Date of Death, Jany 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Antonia Kenn

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* 15 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St. Anthony's Orphan Asylum, North Central Ave.

Cause of Death, First (Primary,) Congestion of the Brain.

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

John F. Cummins, M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] *Address* S. W. Cor. Calvert & Read sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 166

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 166

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 10 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 9th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Virginia Starr

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 445 North Central Ave

Cause of Death, {First (Primary,) Membranous Croup
Second (Immediate,)

Duration of Last Sickness, One day and night

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 11 January

Undertaker, Jacob Keare

Place of Business, Druid Hill ave

Jno Brooke Boyle M. D.
Medical Attendant.

Address 174 E. Eager st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers o'

No. 167

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

167

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. [redacted]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *duly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death, [illegible] or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Abraham Blank

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Two *Years,* Nine *Months,* Twenty-three *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 2 yrs. 5 mos. 2 days

Place of Death, {Give street and number.} 112 Chesnut Street

Cause of Death, First (Primary,) Infantile (Capillary) Bronchitis

Second (Immediate,) Asphyxia and Asthenia

Duration of Last Sickness, Four days and a half

All the above information should be furnished by the Physician.

Place of Burial, B. F. P. H. F. Cong Cemetery, Philadelphia Road

Date of Burial, above date

Undertaker, Levy Herzog Sexton *Address* [illegible]

Place of Business, 166 E Baltimore st

[illegible] E. Stein, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 168

al Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 10 1875 BALTIMORE

Permit No. 168.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 9th 1875 — 6½ A M —

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William F. Heck

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 1 *Years,* 3 *Months,* 2 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Widow~~ ~~Widower~~

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 344 W. Pratt St Baltimore Md.

Duration of Residence in the City of Baltimore, 1y 3mos — 2days

Place of Death, {Give street and number.} 344 W. Pratt St B.C.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, January 11th

Penbrook W. Womble M. D.
Medical Attendant.

Undertaker, Wellington Smith

Place of Business, 28½ East St. (E.) *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 169

☞ ial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 169

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 11 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 9. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Rosenstock

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Two *Years,* Nine *Months,* Two *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} No 36 ct. Broadway.

Cause of Death, { First (Primary,) Pseudo membranous Croup
Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Hebr Cemetery Abram B Arnold M. D.
Medical Attendant.

Date of Burial, 11th of January

{ *Undertaker,* M. Langdon
{ *Place of Business,* 87 South St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 11

170

Board of Health, City of Baltimore,

Permit No. 170

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death or as much sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotta Sadler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* 10 *Months,* 5 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania & Balto. County

Duration of Residence in the City of Baltimore, 28 yrs

Place of Death, {Give street and number.} Washington St. 1st door South of Chas

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, 12th January

Undertaker, Wm Ortickman

Place of Business, 231 W. Gay St *Address* 18 Liguit St.

J. D. G. D. Dayer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 171

☞ Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 171

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 10th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Glenn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 81 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 70 yrs

Place of Death, {Give street and number.} 90 S. Spring St.

Cause of Death, First (Primary,) old age

Second (Immediate.)

Duration of Last Sickness, 10 mos.

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Jany 13 1875

Undertaker, A L Bevans

Place of Business, E Balt St *Address* Town & Exeter Sts

Thos. Kelly M. D.
Medical Attendant.
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

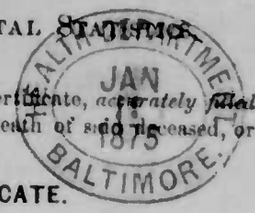
No. 172

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 172

OFFICE OF REGISTRAR OF VITAL STATISTICS.



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday Jan 10th 3 O'Clock Am.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Edmund Meyer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 41 *Years,* 7 *Months,* 8 *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Coburg Germany Raised in this County, Balto.

Duration of Residence in the City of Baltimore, Life 41 years

Place of Death, {Give street and number.} 244 Canton Av

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,) Hemorrhage from the Lungs

Duration of Last Sickness, Little over two years.

All the above information should be furnished by the Physician.

Place of Burial, Wagels Burying Ground

Date of Burial, Jan 12

C. Edward Miller *M. D.*
Medical Attendant.

{*Undertaker,* Woodlin Lynch

{*Place of Business,* Broadway 1513 *Address* 143 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 173.

☞ ial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 173.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~and shall hand it~~ *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of ~~the~~ deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosina Passano

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single,*~~ *Widow* ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Naples - Italy.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 234 Linden Av

Cause of Death, {First (~~Primary,~~) ~~Capillary Br.~~ Second (Immediate,) Capillary Bronchitis

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Ce. F. J. Miles M. D.

Date of Burial, 12th Jany 1875 Medical Attendant.

Undertaker, Henry N. Jenkins Son 14 Cathedral St

Place of Business, 16 Light St. *Address* 234 Linden Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 174

al Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 174

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Ann Allen

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* 9 *Months,* 26 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 71 Columbia Avenue

Cause of Death, First (Primary,) not known

Second (Immediate,) Paralysis

Duration of Last Sickness, 3½ months.

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 13 1875

Undertaker, H W Jenkinson

Place of Business, 10 Light St

Ja. H. Cuny M. D.
Medical Attendant.

Address 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

No. 175

☞ cial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

ermit No. 175 ;

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JAN 1875 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Gallagher

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County Londonderry Ireland

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} N 79 Franklin St

Cause of Death, {First (Primary,) / Second (Immediate,)} Old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Jan 12th 1875

Undertaker, Chas T. Scriven

Place of Business, 271 N Eutaw st *Address* 114 Park Ave.

H Whitney M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 176

☞ ...l Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 176.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 11 1875 BALTIMORE

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, ...*ately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death ...said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 10 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Sally Foster Burke

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 88 *Years,* 3 *Months,* 10 *Days.*

Color, White *Sex,* Female

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.} Widow

Occupation, no occupation

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore md

Duration of Residence in the City of Baltimore, sixty years

Place of Death, {Give street and number.} Balto green mt ave 757

Cause of Death, First (Primary,) old age

Second (Immediate,) erysipelas

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 13th 1875

J H Baltzer M. D.
Medical Attendant.

Undertaker, Geo Rodemeyer *Address* Cor St Paul & Franklin

Place of Business, Eager Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 177.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 177

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, duly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 10th 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Jordan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 0 *Years,* 1 *Months,* 14 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 61. Dougherty St.

Cause of Death, { First (Primary,) Scarletina Malignant. Second (Immediate,) }

Duration of Last Sickness, Five Days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmell Cimitery

Date of Burial, January 12th 1875

Undertaker, Henk. Gilmeyer

Place of Business, 341 Central Ave *Address* 9 W. Pratt St.

W. J. Gobler *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

al Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

178

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 178.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 10th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ernestine. Emily Dick -

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 1 year 29 days 0 *Years,* — *Months,* — *Days.*

Color, White — *Sex,* Female -

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} of Balto City -

Duration of Residence in the City of Baltimore, 1 year 29 days 0

Place of Death, {Give street and number.} of Balto. City, # 31. Marion st

Cause of Death, {First (Primary,) Capillary Bronchitis.
Second (Immediate,)

Duration of Last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 11th 1875

{*Undertaker,* Conrad Zunkel
Place of Business, 60 Park St.

J. D. Kaufman M. D.
Medical Attendant.

Address # 91. Saratoga st
City.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 179

☞ al Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 179.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 9-1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm H. Milliken

Sex, Male ~~or Female~~, {Cross on the word not required in this line.}

Age, 54 *Years,* Unknown *Months,* Unknown *Days.*

Color, Colored *Sex,* Male

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Brick Moulder

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Chestertown Md.

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, {Give street and number.} 13 S. Regester St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) —

Duration of Last Sickness, 12 Months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Janry 11-1875

Undertaker, Wm N. Dungee

Place of Business, 104 East St.

Jn° F. Powell M. D.
Medical Attendant.

Address 72 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 180

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 180

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Janu 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillian Cook

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, [redacted] *Years,* Eight *Months,* Twenty four *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No. 12 Parish St

Cause of Death, {First (Primary,) Double Pneumonia

{Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mont Olivet

Date of Burial, Jan 12

Undertaker, J B Cook

Place of Business, No 707 W Baltimore *Address* 396 N Fayette St

Thomas Opie *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 181

☞ al Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

181

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 181

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 14 1875 BALTIMORE.

Date of Death, January 10 th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Fannie Hanlon

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} 1512 Front street

Cause of Death, {~~First (Primary,)~~ Miscarriage at 5th month complicated
{~~Second (Immediate,)~~ with Typhoid Fever

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemt

Date of Burial, Jan 12 — 1875

W. E. Griffith M. D.
Medical Attendant.

{*Undertaker,* John I. Rodman *Address* 146 Park Ave
{*Place of Business,* 102 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 182

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 182

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED JAN 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John T. Morris

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 Years, Months, Days.

Color, Black Sex, Male

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Low 11 34

Cause of Death, {First (Primary,) Retrition Renum

Second (Immediate.)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, Jan 11th 1875 Edwin C. Baldwin M. D.

Medical Attendant.

{Undertaker, Wm Donovan

{Place of Business, 5. Bank St Address 124 n Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Keeper

No. 183

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 183,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 8 O'clock A.M. January 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Collins Grimm

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* 5 *Months,* 5 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bremen Germany

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} University Hospital. Greene & Lombard sts

Cause of Death, {First (Primary,) Slipped & fell. & struck the back of his head on the pavement front of Crow st on Jan 7th 1875 / Second (Immediate) Concussion of brain

Duration of Last Sickness, 50 hours

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

M. W. Donavin M. D.
Coroner ~~Medical Assistant.~~

Address 98 Lee street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 184

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

184

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 11 1875 BALTIMORE.

Permit No. 1814

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *when duly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 10 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Bryant.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 23. *Years,* ~~no~~ *Months,* ~~no~~ *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Brass Founder

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 125 East Biddle St

Cause of Death, First (Primary,) Consumption

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jany 12 1875

Jas. S. Hunt M. D.
Medical Attendant.

Undertaker, Wearer

Place of Business, Fayette St *Address* Health Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 185

Th[illegible]ial Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of this Certificate.

185

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

[illegible]rmit No. 185.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Martina Bennett,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housework

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, Ten years.

Place of Death, {Give street and number.} 104 S. Chapel st

Cause of Death, {First (Primary,) Carcinoma Uteri.
Second (Immediate.)

Duration of Last Sickness, Two years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, Tuesday, Jan 11th

Undertaker, John Brannan.

Place of Business, 79 S. Wolfe st.

G. Glanville Rus[illegible] M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. B 186

al Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 186

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Kramer & Mary Kramer

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Twelve~~ *Years,* ——— *Months,* Twenty *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 255 Hanf av Balto

Duration of Residence in the City of Baltimore, Twenty days

Place of Death, {Give street and number.} 255 Hanford avenue

Cause of Death, First (Primary,)

Second (Immediate.) Not Known

Duration of Last Sickness, Unknown— It died Suddenly during the night was not seen by me or any other Physician

All the above information should be furnished by the Physician.

Place of Burial, Sandy Park Cemetery

Date of Burial, Jan. 12th

Undertaker, Henry Houck

Place of Business, 309 Central Avenue *Address* 305 N Caroline St

I Hartman M. D.

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 187

Special Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of this Certificate.

187

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 187

HEALTH DEPARTMENT 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Mulinari & Josepha Mulinari

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* Two *Days.*

Color, white *Sex,* ____

~~*Married,* *Single,* *Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 72 Hill Street

Cause of Death, { First (Primary,) ____ Second (Immediate,) ____

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery James F. Steuart M. D.

Date of Burial, Jan 11th 1875 (Coroner's Physician & Registrar ~~Medical Attendant.~~

{ *Undertaker,* C. F. Krause

{ *Place of Business,* 209 Hanover St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 188

ecial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 188

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 10th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Harris

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} female

Age, 26. 4 *Years,* 3 *Months,* *Days.*

Color, white *Sex,* female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 26 years 3 months

Place of Death, {Give street and number.} 71. E. Lombard st.

Cause of Death, First (Primary,) Consumption "

Second (Immediate,)

Duration of Last Sickness, ab. 1½ years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Jan 12/75

Undertaker, Chas. Romig

Place of Business, 136 Fayette *Address*

C. Hoffman M. D.
Medical Attendant.
5 ward Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 189

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 189

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 10th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Sarah A Long

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, Fifty *Years,* *Months.* *Days.*

Color, White *Sex,* Female

~~*Married*~~, ~~*Single*~~, *Widow* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carroll Co Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 17 Greenmount Avenue

Cause of Death, {First (Primary,) Change of life

{Second (Immediate,) Organic lesion of the brain

Duration of Last Sickness, Eight Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 12th.

Undertaker, Wm Fry

Place of Business, 1054 N. Broadway *Address*

W. B. Litsenberg M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 190

☞ ial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 190

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT JAN 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 10th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} M. E. Glenn

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 89 Jackson Sq. Av.

Cause of Death, {First (Primary,) Scarlet Fever

{Second (Immediate,) Coma.

Duration of Last Sickness, Eighteen days.

All the above information should be furnished by the Physician.

Place of Burial, Meth Centre-P R

Date of Burial, January 12.

Undertaker, Wm Fry

Place of Business, W Broadway 54

L. Glanville, Rusk M. D.
Medical Attendant.

Address Balt & Washington Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Keepers of Cem[illegible]

No. 191

☞ The attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

P[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 191

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7 January 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Werner C. Albrecht

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 31 *Years,* 2 *Months,* 6 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Barber

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Salzdetfort Hanover Germany

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} Baltimore 151 W. Madison St

Cause of Death, {First (Primary,) / Second (Immediate.)} Phthisis pulmonalis.

Duration of Last Sickness, 6

All the above information should be furnished by the Physician.

Place of Burial, German Protestant Cemetery G. E. Pape, M. D.
Medical Attendant.

Date of Burial, January 9th 1875

Undertaker, Jacob Weaver *Address* 55 N. Eutaw St

Place of Business, Nos 416 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

the Office whence issued, Saturday

No. 192

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 192

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Aller

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Twenty five Years

Place of Death, {Give street and number.} No 58 Oregon St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 11th 1875

Undertaker, Jos. Lane

Place of Business, N. Gay & near Fayette *Address* 519 W. Lombard St

H. L. Spicer M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Keep [illegible] No. 193

cial Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of this Certificate.

193

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

rmit No. 193

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 11 1875 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Gillen

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 7 *Days.*

Color a *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Walnut st & Wrights Court

Cause of Death, { First (Primary,) / Second (Immediate,) Croup

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cmety James H Steuart M. D.

Date of Burial, Jan 12th 1875 ~~Medical Attendant.~~

{ *Undertaker,* Family / *Place of Business,* } *Address* Comp Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 194

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 194

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Mallin

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, thirty (30) Years, ~~Months~~, ~~Days.~~

Color, White Sex, male

~~Married,~~ Single, ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dublin Ireland

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} University Hospital, Lombard St.

Cause of Death, {First (Primary,) Chronic Pneumonic Phthisis
Second (Immediate,) Tuberculosis Diarrhea

Duration of Last Sickness, 10 days (under observation)

All the above Information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Jan 11 1875

J. E. Worthington M. D.
Medical Attendant.

{Undertaker, W. Bryan
{Place of Business, Co Shamess

Address Balt. Infirmary
Co Lombard & Greene Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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No. 195

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 195

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JAN 11 1875 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 10th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dennis McSweeny

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* 14 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ball

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 70 Mark Market Space

Cause of Death, First (Primary,) Accidental Dose of Whiskey

Second (Immediate,) Convulsion

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, January 11th 1875

Undertaker, Fred K. A. Foltz

Place of Business, 908 Howard St.

Edmund R Walker M. D.
Medical Attendant
Coroner

Address 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keep

No. 196

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 11 1875 BALTIMORE.

Permit No. 196

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert R Goldsborough

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 18 *Years,* 9 *Months,* 20 *Days.*

Color, Mulatto *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Plumber

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 48 Camden St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Phthisis

Duration of Last Sickness, Seven Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 11th January 1875.

Undertaker, John A Gordon

Place of Business, 63 Park St

Thos J Maynard M. D.
Medical Attendant.

Address 107 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 197

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

197

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 197

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 10 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Carey

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 60. *Years,* no *Months,* no *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Black Smith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 22 years.

Place of Death, {Give street and number.} 49 Tyson St.

Cause of Death, First (Primary,) Sub Convulsion

Second (Immediate,) 18 Hrs.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~St. J. Byrne~~ R. C. Cathedral

Date of Burial, Jany 12/1895

Undertaker, Jno. J. Byrne

Place of Business, 89 Liberty *Address*

James F. Mount M. D.

~~Medical Attendant.~~

(Com. of Health & Registrar)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 198

cial Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 198

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Lee

Sex, Male or Female, {Cross out the word not required in this line.} "

Age, 25 *Years.* "*Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, about 6 years

Place of Death, {Give street and number.} 801 Gillinghams Alley

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, I should think 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Cemetery

Date of Burial, Jan 11. 1875

Undertaker, J W Chase

Place of Business, Corner Howard & Hill *Address*

Wm G Knowles M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 199

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 199

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 11 1875 BALTIMORE.

Date of Death, January 11.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August. Gaunt & Elizabeth Gaunt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — Years, — Months, 7 hours ~~Days~~

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 21. Peach Alley

Cause of Death, {First (Primary,) Marasmus of vitality 7 & 8 months child}
{Second (Immediate,) to}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemitery

Date of Burial, January 11

Undertaker, S. M. Chase

Place of Business, on 194 S. Howard St *Address* 146 Hanover

Theodore Bott M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty ...ian who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish ...ight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ... far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ... cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 200

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 200

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 11 1875 BALTIMORE

Date of Death, January 9th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Adkin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, about 55 *Years,* —— *Months,* —— *Days.*

Color, Black *Sex,* female

~~*Married, Single,*~~ *Widow or ~~Widower~~,* {Cross out the words not required in this line.}

Occupation, Cook & house servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Charles County Md.

Duration of Residence in the City of Baltimore, Two years.

Place of Death, {Give street and number.} 227 Walsh St. Baltimore

Cause of Death, First (Primary,) General breaking down from old age.

Second (Immediate,) Softening of Brain

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Washington D.C.

Date of Burial, Jany 11th 1875

R. W. Eareckson —— M. D.
Medical Attendant.

Undertaker, John T. Weaver

Place of Business, 22 N. Eutaw St. *Address* 136 Townsend St

Baltimore Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 201

Board of Health, City of Baltimore,

Permit No. 201

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 11 1875 BALTIMORE.

Date of Death, Jan 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Tripp

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Years, Months, None Days.

Color, Colored *Sex,* Male

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Connily Lane No 2.

Duration of Residence in the City of Baltimore, 14 years & Sixteen

Place of Death, {Give street and number.} Connily Lane No 2

Cause of Death, {First (Primary,) Scrofula Hernia

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lionel Cemetery

Date of Burial, Jan 8th 1875 James G Pilliet M. D.

Medical Attendant.

Undertaker, Wm Kemble

Place of Business, Pratt between Howard & Eutaw *Address* 378 Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 202

☞ al Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 202

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 11. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} H. Willian Simon

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* 3 *Months,* — *Days.*

Color, White *Sex,* Male

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

~~*Occupation*~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, From during Life

Place of Death, {Give street and number.} No 317 Pratt St near Poe

Cause of Death, First (Primary,) Heart Disease

Second (Immediate,) General Dropsy

Duration of Last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, January 12th 3 P.M.

Undertaker, John S Mercher

Place of Business, No 150 Camden St *Address* 381 Lexington

H. R Slaton *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

☞ Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

203

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 203

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 14 1875 BALTIMORE

Date of Death, 4h 30m P.M. 9th January, 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adam Hudson Colmore

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 11 *Years,* 8 *Months,* 10 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Employed in the Gas Works.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 11 years 8 Months & 10 days.

Place of Death, {Give street and number.} No 11 Randall St Baltimore City

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) Congestion of the Brain.

Duration of Last Sickness, Two years and Ten months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 24 1 P.M.

Undertaker, G H Blizzard

Place of Business, 187 Lanvale St near Druid Hill av

Wm J Brune M. D.
Medical Attendant.

Address 156 N. Bond St Baltimore City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...l Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 204

Board of Health, City of Baltimore,

Permit No. 204

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 11 1875 BALTIMORE

Date of Death, Jan 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Gross

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, eighty *Years,* ——— *Months,* ——— *Days.*

Color, Colored *Sex,* Same as before

Married, ~~Single,~~ *Widow* ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation, House wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, during her life

Place of Death, {Give street and number.} 94 Raburg St

Cause of Death, First (Primary,) ——— Second (Immediate.) ——— { Old age

Duration of Last Sickness, a few days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 12 1875

Undertaker, John C Jordan

Place of Business, 65 Park Av — *Address*

John Pennington M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...cial ... is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 205

Board of Health, City of Baltimore,

Permit No. 205

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE

Date of Death, Jan 11th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Elizabeth Campbell

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} No 1 Webster Alley

Cause of Death, {First (Primary,) Granular Kidneys

{Second (Immediate,) Pulmonary Oedema, Pleuro pneumonia, asthma.

Duration of Last Sickness, about 6 months. - asthma.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 13. 75

{*Undertaker,* Jas F Byrne

{*Place of Business,* 63 Front st *Address*

Wm. H. Thomas M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 206

☞ The Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 206

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 11 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Hecht

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 22 *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 130 N. Caroline St

Cause of Death, {First (Primary,) Pneumonia 5 days

{Second (Immediate.)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery

Date of Burial, Jan 12th 1875

Undertaker, Louis Miller

Place of Business, 17 Harrison St *Address* 13 Caroline St

A. A. Gue, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 207

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 207.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eva L Mcgraw

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 2 *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 yr & 2 m.

Place of Death, {Give street and number.} 609 W Lombard St.

Cause of Death, First (Primary,) Chronic Bronchitis

Second (Immediate,) Congestion of Lungs

Duration of Last Sickness, Since August 74

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, Wednesday 11 O'clock AM

John Neff M. D.
Medical Attendant.

Undertaker, Jos. Looney

Place of Business, 568 West Balto *Address,* 558 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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f Baltimore will make returns of all ...ce issued, Saturday of each we

No. 208

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 208

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 12 1875 BALTIMORE

Date of Death, 10th January 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Ewing,

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 4 *Months,* 16 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, about one year

Place of Death, {Give street and number.} 89 S. Green St

Cause of Death, {First (Primary,) Dyptheria

Second (Immediate,)

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, January 12th 1875

{*Undertaker,* John Sheehan

{*Place of Business,* No 15 S Camden

Saml H. Henry M. D.
Medical Attendant.

†Address Elk Ridge Landing Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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No. 209

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 209

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 12 1875 BALTIMORE

Date of Death, Jan 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos. M. Booth

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 7 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} Wolf st 208 - Seventh

Cause of Death, First (Primary,)

Second (Immediate,) Croup

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 12th 1875

James A Steuart M. D.

Coun of H. & Registrar

Undertaker, A. M. Lowe

Place of Business, 361 N. Gay st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 210

Board of Health, City of Baltimore,

210

Permit No. 210 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11th Jan 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Gardner

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 8 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 79 Warner or

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 376 Light or

Cause of Death, {First (Primary,) Teething

{Second (Immediate,) Acute Hydrocephalus

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 13 1875

Undertaker, Chas. L. Herold

Place of Business, 161 Hanover st. *Address* 161 Hanover st Balt Md

Geo. H. Benson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 211

☞ al Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 211,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 11th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Romulus King

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co. Md.

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} 117 S. Spring St.

Cause of Death, First (Primary,) Rheumatic Diathesis & Heart Disease

Second (Immediate.) Congestion of Lungs

Duration of Last Sickness, 2 days (above is from information)

All the above information should be furnished by the Physician.

Place of Burial, E. Potter's Field

Date of Burial, 12th Jan. 1875

Undertaker, Wm. Dawson

Place of Business, 5 Bank St.

Thos. Kelly M. D.
Medical Attendant
Coroner

Address Fawn & Exeter Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 212

al Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 212,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cornelia Grafe Armstrong

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 1 *Months,* 16 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 104 Chew St

Cause of Death, {First (Primary,) Membranous Croup
Second (Immediate,)

Duration of Last Sickness, Thirty six hours.

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Jan 13th 1875

{*Undertaker,* Henry H. Mears
{*Place of Business,* 64 N Gay St

Thomas Shearer M. D.
Medical Attendant.

Address 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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office where issued.

No. 213

e Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 213

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 9th " 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Philip Schöhl

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation. Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Eight Years

Place of Death, {Give street and number.} 1 Bakers Ct

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 12th

{*Undertaker,* Peter Kumert.

{*Place of Business,* 317 Mulberry St.

H Darling, M. D.
Medical Attendant.

Address 113 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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No. 214

☞ Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 214

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Cooney

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Twenty one *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation, Child's nurse

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Eighteen Months

Place of Death, {Give street and number.} No 36 Mount Vernon Place

Cause of Death, {First (Primary,) Scarlet Fever (7th day)
{Second (Immediate,)

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Jan'y 13 1875

Ruggin Buckler *M. D.*
Medical Attendant.

{*Undertaker,* Jas Shaw & Co
{*Place of Business,* Ross St *Address* 135 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keeper

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 215

Board of Health, City of Baltimore,

Permit No. 215

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Das Ed Ruff

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, 6 Months, ——— Days.

Color, Black *Sex,* ———

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} alley 7 mar cor Broadway & Madison St

Cause of Death, {First (Primary,) Second (Immediate,)} Pneumonia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 12th 1875

{*Undertaker,* Dungee

Place of Business, Address

James A Steuart M. D.
~~Medical Attendant~~
Com of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

216

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 216

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10th Jan 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Irvin Allen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 52 *Years,* 10 *Months,* 21 *Days.*

Color, White *Sex,* Widower

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Machinist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 Yrs

Place of Death, {Give street and number.} 204 Light St

Cause of Death, {First (Primary,) Consumption

Second (Immediate,) With Complications of Dropsy

Duration of Last Sickness, 4 Months and 24 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 12th 75

Dr. G. W. Grayson M. D. Medical Attendant.

Undertaker, Wm H. Hickman

Place of Business, 234 W. Gay St *Address* 18 Sisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

1

Board of Health, City of Baltimore,

217

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 217

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 12 1875 BALTIMORE

Date of Death, 11 o'clock P.M. Jan. 11th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Hartman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} #66 Lancaster St.

Cause of Death, First (Primary,) Burn

Second (Immediate,) Shock to System

Duration of Last Sickness, Time within 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, January 13th 1875

Undertaker, Matthew A. Dwyer

Place of Business, 74 S. Broadway

John H. Rehberger M. D.
Medical Attendant.

Address 243 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

218

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 218

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 11. 4 45 P.M

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Ann McGee

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 71 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Seamstress by Ann Street

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Parish of Kilmichal County of Clare Ireland

Duration of Residence in the City of Baltimore, Forty five years

Place of Death, {Give street and number.} 338. East. Alisa

Cause of Death, First (Primary,) paralysis

Second (Immediate,)

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, January 13th 1875

Undertaker, Matthew A Darger

Place of Business, 74 S. Broadway

James E. Emidy M. D.
Medical Attendant.

Address 299. E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[GVKR.

Board of Health, City of Baltimore,

219

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 219

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza P. Myers

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 10 *Years,* 7 *Months,* 7 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Alexandria Va.

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} 63 S Eden St

Cause of Death, {First (Primary,) Pain

Second (Immediate,) Organic disease of Heart & Stomach.

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Washington D C

Date of Burial, January 12 / 1875

{*Undertaker,* Wm H. Hickman

Place of Business, 1234 Jy St

P J Kinneman M. D.
Medical Attendant.

Address 73 East Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

220

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 220

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED JAN 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10½ Oclock P.M. January 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matilda Hooper

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, _____ *Years,* _____ *Months,* 2 2 *Days.*

Color, Colored *Sex,* _____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, _____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 93 Holland Street

Duration of Residence in the City of Baltimore, 22 days

Place of Death, {Give street and number.} 93 Holland Street

Cause of Death, First (Primary,) Dropsy.

Second (Immediate,) _____

Duration of Last Sickness, from date of birth.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 12th. January

Undertaker, Ph. J. Pile

Place of Business, 183 Columbia St.

C. H. C. Kinsinger M. D.

Medical Attendant.

Address Coroner

75 Front

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 221

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 221.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 12 1875 BALTIMORE

Date of Death, January 10th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herrmann Henry Fund

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* 10 *Months,* 13 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany; five years in U. S.

Duration of Residence in the City of Baltimore, Three years

Place of Death, {Give street and number.} Thames st No 24

Cause of Death, {First (Primary,) Pneumonia
Second (Immediate,)

Duration of Last Sickness, ten days

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cemetery

Date of Burial, January 12th 1875

Undertaker, H Schultheis

Place of Business, 1026 E. Monument st

Dr Winternitz M. D.
Medical Attendant.

Address 12. S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore, 222

Permit No. 222, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotta Johanna Mogg-

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, One year *Years,* three *Months,* six *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Gallinas City

Duration of Residence in the City of Baltimore, One year. 9 Months. 6 days

Place of Death, {Give street and number.} No 55 Cambridge St. Gallinas City

Cause of Death, {First (Primary,) Falling out of bed upon the head

{Second (Immediate,) Effusion of Serum on Brain,

Duration of Last Sickness, Ten Hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Jany 13th. 3. P. M.

{*Undertaker,* John Schuck

{*Place of Business,* No 765 Hanover St

Thomas P. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore, 223

Permit No. 223

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Mary Anne E. Rittle

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Dob Known

Place of Death, {Give street and number.} 140. Barney St

Cause of Death, First (Primary,)

Second (Immediate,) Hypertrophy of the Heart

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemty

Date of Burial, Jan 12th 1875

Dr. W. Chilton M. D.
Medical Attendant.

Undertaker, A. Briel

Place of Business, Address 169. W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 224

Permit No. 224, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Donohue

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* 9 *Months,* 9 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Brass finisher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, his lifetime

Place of Death, {Give street and number.} Bowen St. N. 49

Cause of Death, {First (Primary,) Consumption

Second (Immediate.)

Duration of Last Sickness, about a year

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 13th 1875

P. A. Rucker M. D.
Medical Attendant.

Undertaker, Har P Byrne

Place of Business, 63 Front st *Address* Waverly Balto Co Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore, 225

Permit No. 225

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Muny -

~~Single~~ or Female, {Cross out the word not required in this line.}

Age, 114 Years, — Months, — Days.
one hundred and fourteen

Color, Black - *Sex,* Female

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert County, Maryland -

Duration of Residence in the City of Baltimore, Seventy three years -

Place of Death, {Give street and number.} No 41 Elbow Lane

Cause of Death, First (Primary,) Extreme Senility (old age)

Second (Immediate,) Pulmonary Hemorrhage, from Cretacious degeneration of arterial tunics

Duration of Last Sickness, Ten minutes

All the above information should be furnished by the Physician.

Place of Burial, Shot Street Burial Ground

Date of Burial, 13th Jany -

Undertaker, John Jordan.

Place of Business, No 63 Park Street.

H H Starr M. D.
Medical Attendant.

Address No 16 th Liberty Street,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 226

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 226

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1975 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 11"

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie Wiles

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Chestertown, Kent County Md.

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and number.} 377 William st

Cause of Death, {First (Primary,) Phthisis

{Second (Immediate,)

Duration of Last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Hope.

Date of Burial, Jan 13th 1875

Undertaker, Armstrong & Son

Place of Business, 263 Light st

O. A. Cooke M. D.

Medical Attendant.

Address Cor Lee & Howard sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 227

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 227

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED DEC 12 1875 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Jan 11th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Washington Tabler

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ ~~Female~~

Age, about 58 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation, Boarding House

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hyattstown. Frederick Co Md

Duration of Residence in the City of Baltimore, 10 months

Place of Death, {Give street and number.} No. 15. So. Howard

Cause of Death, {First (Primary,) Congestion Lungs + Brain
Second (Immediate,)

Duration of Last Sickness, 2 Hours + half

All the above information should be furnished by the Physician.

Place of Burial, Hyattstown. Md

Date of Burial, 13th Jan. 1875

J. Wm Wallis M. D.
Medical Attendant.

Undertaker, Jos Loane

Place of Business, 568 West Baltimore St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

228

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. ~~1111~~ 228

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Bossie

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Fifty five *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, Nine years

Place of Death, {Give street and number.} 161 Pierce St

Cause of Death, First (Primary,) Consumption.

Second (Immediate.)

Duration of Last Sickness, Four months,

All the above information should be furnished by the Physician.

Place of Burial, Weston Cemetery

Date of Burial, 13th January

Undertaker, John Rinnert

Place of Business, 317 Mulberry St.

Thomas Sappington M. D.
Medical Attendant.

Address 70 Centre St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

229

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 229

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 11th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel Laughlin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 38 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Wife and Mother

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland 23 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 330 Myrtle Avenue

Cause of Death, First (Primary,) Severe cold

Second (Immediate,) Congestion of the Brain

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 13th 1895

S. T. Knight M. D.
Medical Attendant.

{*Undertaker,* Geo Stelling *Address* 112 N. Greene St.
{*Place of Business,* 212 E. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 230

Permit No. 230 " "

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT JAN 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 10th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Jones

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 24 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St James Street Baltimore City.

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 134 S. Durham St

Cause of Death, {First (Primary,) Phthysis Pulmonalis

{Second (Immediate.) 10 Months "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Canal Cemetery E. Jones Williams M. D.

Date of Burial, Jan 12 1875 Medical Attendant.

Undertaker, S. [illegible] Shaw

Place of Business, No 198 Howard Ave Address No 9 Elliott

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 231

Permit No. 231

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT RECEIVED JAN 12 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Furchtnecht

~~Sex~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 3 *Days.*

Color, white ~~Sex~~,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Locust Point Balto. md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Locust Point No. 6 Hull St.

Cause of Death, First (Primary,)

Second (Immediate,) Convulsions

Duration of Last Sickness, during lifetime

All the above information should be furnished by the Physician.

Place of Burial, Brinky G. Yard

Date of Burial, Jan 12th

Undertaker, George Froehlich

Place of Business, 237 Canton Av

Marguerite Ertle
mid wife
Hubert.
~~M. D.~~
Medical Attendant.

Address No. 13 Arden st L. Point

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

232

mit No. 232,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 12th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. E. Brown,

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* 9 *Days.*

Color, White, *Sex,* Female

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Wife of Herman J. Brown.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Emmetsburg Md.

Duration of Residence in the City of Baltimore, about 9 Mos.

Place of Death, {Give street and number.} 452 W Lombard St.

Cause of Death, First (Primary,) Phthisis Pulmonalis,
& Second (Immediate.)

Duration of Last Sickness, Four Months. Confined since Sept 1st 74.

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, January 14

John L. A. Frazer M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, N° 707 Baltimore St Address 273 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore, 233

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 233

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis. D. Shaw.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* Six *Months,* — *Days.*

Color, White *Sex,* Male —

~~*Married,*~~ ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 348. E. Fayette Str

Cause of Death, {First (Primary,) Infantile Marasmus
Second (Immediate,) Convulsions

Duration of Last Sickness, Six months —

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem — C. A. Wohme, *M. D.*
Medical Attendant.

Date of Burial, January 14th 1875

Undertaker, Hughes & Denny *Address* 86. E. Fayette. St

Place of Business, 65. S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

234

Permit No. 234,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Martha E. Martin

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 55 *Years,* 8 *Months,* 2 *Days.*

Color, White *Sex,* Female.

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 540½ N. Fayette St. "

Cause of Death, {First (Primary,) Chronic Albuminuria - Mesenteric Schirus - Cardiac Hypertrophy and Valvular Disease
Second (Immediate.) Uræmia

Duration of Last Sickness, 6 weeks ill -

All the above information should be furnished by the Physician.

Place of Burial, Leonard Park Cemetery

Date of Burial, January 14th 1875

Undertaker, Chas. A. Ponder

Place of Business, No. 520 W. Baltimore *Address*

Jno F. Powell M. D.
Medical Attendant.

72 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

235

OFFICE OF REGISTRAR OF VITAL STATISTICS.

mit No. 235,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 12th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella M Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Boarding House

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lynchburg Va. about 9 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 32 Sharp Street.

Cause of Death, {First (Primary,) Erysipelas
Second (Immediate,) Congestion of the lungs.

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemty

Date of Burial, Janry. 14th. 1875

Undertaker, Chas. A. Louden

Place of Business, No. 320 W. Balto *Address*

J. Wm Wallis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 236 236

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE.

Date of Death, January 11th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Mc Glone

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Thirty (31) one *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life.

Place of Death, {Give street and number.} 253 E. Biddle st

Cause of Death, {First (Primary,) Purpura
{Second (Immediate,) Hemorage from bowels.

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 14th 1875

{*Undertaker,* George Shilling
{*Place of Business,* 212 E. Monument st
N. W. cor. Aisquith st

L. Floyner M. D.
Medical Attendant.

Address 129 N. Eight st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

237

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 237

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Helen Quante~~ Jan 11 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helen Quante

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Paris France

Duration of Residence in the City of Baltimore, 3 yrs 6 mos

Place of Death, {Give street and number.} 118 Pearl St

Cause of Death, {First (Primary,) Pulmonary Phthisis

Second (Immediate,) Tubercular ~~of~~ Laryngitis

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Jan 13 1875

Undertaker, C F Krause

Place of Business, 207 Hanover

E L McCoy M. D.
Medical Attendant.

Address 182 Market

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 238 238

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Tuesday January 12th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Cornelia Ballinger

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 56 *Years,* *Months,* 2 *Days.*

Color, White

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland Lafayette

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, { Give street and number. } 114 E. Lexington St.

Cause of Death, { First (Primary,) Cancer
{ Second (Immediate,)

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Family Burial ground

Date of Burial, January 15th 1875

Undertaker, John Conrad Schaub

Place of Business, 265. Aliceson

James E. Donnelly M. D.
Medical Attendant.

Address 211 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

239

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 239

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death, if required, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Griffin

~~Male, or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 59 Harrison St.

Cause of Death, {First (Primary,) Scarlatina / Second (Immediate,) Asthenia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, M E Church Ground, Philad Road

Date of Burial, January 13th 1875

Undertaker, Thos S Hughes *Address*

Place of Business, 60 E Balto

Wm H Buchanan M. D.
Medical Attendant.
for Jno L Hopkins

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Board of Health, City of Baltimore, 240

Permit No. 240

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, January 12th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lorenzo Dunbar

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 45 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore, whole Life

Place of Death, {Give street and number.} No. 162 Aisquith

Cause of Death, {First (Primary,) Typhoid fever, / Second (Immediate,) Congestion Head

Duration of Last Sickness, 4 to 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 14th 1875

Undertaker, Thos L Hughes

Place of Business, 60 E Balto St *Address* 61 Low Bowley Alley

Dr. [illegible]

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 241

Permit No. 241. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H. F. Taylor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 11 Months, 13 Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 11 mo 13 days

Place of Death, {Give street and number.} 8 Golds Court

Cause of Death, First (Primary,) Chronic Croup

Second (Immediate.)

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, January 14 1875

Undertaker, Charles F. Harold

Place of Business, 161 Hanover St.

O. A. Cake M. D.

Medical Attendant.

Address Cor Lee & Hanover sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 242

Permit No. 242

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 12th 10.30 A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Winifred O'Brien

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, about 60 *Years,* *Months,* *Days.*

Color, white *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County of Mayo Ireland

Duration of Residence in the City of Baltimore, 10 years & 6 months

Place of Death, {Give street and number.} 127 Albemarle

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis Pulmonalis

Duration of Last Sickness, Eight years.

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent's

Date of Burial, Jan 14 1875

Undertaker, Jas P. Byrne

Place of Business, 63 Front St

Pierre G. Dausch M. D.
Medical Attendant.

Address 97 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 243

OFFICE OF REGISTRAR OF VITAL STATISTICS.

mit No. 243.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 12 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant of Eliza Brown Col'd.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years,~~ *Months,* One *Days.*

Color, Black ~~Sex~~

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt'o City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 76 Chestnut St

Cause of Death, { First (Primary,) / Second (Immediate.) }

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Patterson Field

Date of Burial, Jany 13 1875

{ *Undertaker,* Wm Donavan / *Place of Business,* 6 Bank St } *Address*

James A Steuart M.D.
Comm'r Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 244

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 244

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 11. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Tobed Cole

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 50. *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,* Married

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland 10 years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 9 So. Charles St. Country

Cause of Death, {First (Primary,) Paralysis
Second (Immediate,) Exhaustion

Duration of Last Sickness, over 1 year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James H. Steuart M. D.

Date of Burial, January 14 1875 ~~Medical Attendant~~ Comp. Mast. Gen. Sta.

{*Undertaker,* Geo. Chase *Address* 28 Holliday St.
{*Place of Business,* 198 So Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 245

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 245

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE.

Date of Death, Jan 11th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Sneas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Co. Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} Tyson's Chrome Works Block St. Balto.

Cause of Death, { First (Primary,) Boiler Explosion
Second (Immediate.) Scalded & otherwise injured Supposed to be instantly killed

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 13th 1875

Undertaker, James Gray *Address* Fawn & Exeter Sts

Place of Business, Mulberry St

Chas. Tilly M. D.
Medical Attendant.
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore, 246

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 246,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm H. Strong

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* 7 *Months,* 3 *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Can Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 191 N. Caroline St.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 2 Months confined to the house. 5 years sick.

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetry

Date of Burial, January 15 at 2 P.M.

Undertaker, Wm Fry

Place of Business, 54 E Broadway *Address*

Jno. F. Powell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 247.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Meier

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Musician

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 164 Lyon st

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate.) Congestion ~~of Heart~~

Duration of Last Sickness, 2 months & 16 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Jan 14th 1875

Undertaker, L. C. Jordon

Place of Business, 63 Park St *Address* 93 Park ave

James H Slemmer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 248

Permit No. 248

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo W Lawson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 12 *Months,* 19 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 148 Scott st

Cause of Death, {First (Primary,) Second (Immediate,) Pneumonia right side

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Jan 14th 1875

Undertaker, Jacob B Cook

Place of Business, 707 W Balto st *Address* 762 Lacon st

Jas F Cherry M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 219.

The Physician who attended any person in a last illness is responsible for the presentation of this CERTIFICATE, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Hogg

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower;~~ {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 256 Washington st North

Cause of Death, {First (Primary,) Heart Disease
Second (Immediate,)

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 15th 1875

{*Undertaker,* Wendell Dibble
Place of Business, 137 S. Bond St. *Address*

James A Steuart M. D.
~~Medical Attendant~~ Coroner & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 1250

Permit No. 250

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 12th of January 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Norman

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, Fifty Five *Years,* Nine *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Chicester England.

Duration of Residence in the City of Baltimore, Twenty Five years

Place of Death, {Give street and number.} 80 N Exeter Street Baltimore

Cause of Death, {First (Primary,) Exposure & Trouble of mind
{Second (Immediate,) Congestion of Lungs

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery.

Date of Burial, January 14th 1875

J. J. Mackenzie M. D.
Medical Attendant.

{*Undertaker,* John H Weaver.
{*Place of Business,* 22 W. Fayette St. *Address* 67 Franklin Street Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 251

Permit No. 257,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Miller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single, Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 165 St. Paul St.

Cause of Death, First (Primary,) Gastro Enteritis

Second (Immediate,) Paralysis

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Green mt. Cemetery.

Date of Burial, 14th Jany 1875

Thomas Shearer M. D.
Medical Attendant.

{*Undertaker,* John H. Weaver.

{*Place of Business,* 22 W. Fayette St. *Address* 77 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 252

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 252

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 12th /75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Virginia Hardy

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Washwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 93 Hoagland alley

Cause of Death, {First (Primary,) Consumption / Second (Immediate.)

Duration of Last Sickness, Sixty days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 14th 1875

{*Undertaker,* Theodore Locke / *Place of Business,* 45 S. Wolf St *Address*

Thomas A Stone M. D. ~~Medical Attendant~~ Coroner & Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore, 253

Permit No. 253

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine A. Blackstone

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 10 ~~m~~ Months, Days.

Color, Mulatto *Sex,* Female

~~*Married, Single,*~~ *Widow or ~~Widower~~,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Chestnut St.

Duration of Residence in the City of Baltimore, 10 mos

Place of Death, {Give street and number.} 290 N. Durham St.

Cause of Death, First (Primary,) Marasmus y

Second (Immediate,) Convulsions

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 14 1875

Undertaker, Wm. Dunigee

Place of Business, East St *Address* Town & Exeter Sts

Thos. Kelly M. D.
Medical Attendant.
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 254

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Francis H. Diamond

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, ~~Years,~~ One *Months,* 23 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 60 Boyd St.

Cause of Death, First (Primary,) Spasms

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Wes Cemetry

Date of Burial, January 13

Undertaker, H B Cook

Place of Business, 707 Baltimore St

F. H. Sause *M. D.*
Medical Attendant.

Address 55 Jefferson St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore, 255

Permit No. 253 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Goldsmith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* ——— *Months,* ——— *Days.*

Color, white *Sex,* ———

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, /

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D. C.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Bay View Asylum

Cause of Death, {First (Primary,) / Second (Immediate.) Softening of the Brain

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 13th 1875

Undertaker, Michael Franc *Address* 280 Holliday St

Place of Business, 280 Conton Av

D. S. Stewart M. D.
Health Grmnt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 256

Permit No. 256

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 13th 6 Oclock P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Daniels Robinson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 4 *Months,* 1 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 24 Haven St-

Cause of Death, {First (Primary,) Playfully thrown into Street, falling upon Second (Immediate,) his head from which he died

Duration of Last Sickness, Seven weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Gem.

Date of Burial, 15 Jan 1875

Undertaker, [illegible] T. Scriven

Place of Business, 211 Eutaw St.

Consulting Physicians Andrew Abercrombie A Stephenson

M. D.
Medical Attendant.

Address 117 East Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 257

Permit No. 257

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT JAN 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jeremiah Kuhan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 87 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} Bay View Asylum

Cause of Death, First (Primary,)

Second (Immediate,) Senile Decay

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 14 1875

Undertaker, J. C. Byrne

Place of Business, Front St

Jas A Steuart M. D.

Coroner

Address 9 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 258. 258

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE.

Date of Death, Jan. 13th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelmine Mueller

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 37 *Years.* 11 *Months,* 17 *Days.*

Color, white *Sex,* female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, two years

Place of Death, {Give street and number.} 35 Lancaster St

Cause of Death, First (Primary,) Peritonitis.

Second (Immediate,)

Duration of Last Sickness, six days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, January 13th 1874

Undertaker, Francis Cramer

Place of Business, Centre St *Address* 94 S. Broadway

A. F. Esick *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 259

Permit No. 259.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Marie Kohl

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* one *Days.*

Color, white *Sex,* Female

~~*Married,* *Single,* *Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 22 N. Dallas Street

Cause of Death, {First (Primary,) Heavy Cold & Cough / Second (Immediate,) Premature Birth

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem / James A Steuart M. D.

Date of Burial, Jan 14th 1875 Medical Attendant.

Undertaker, Chas Pressey / Asst Sec. & Registrar

Place of Business, Fayette St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 260

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christina Myers.

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 9. *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 154 Canton ave

Cause of Death, First (Primary,) Burned

Second (Immediate,) convulsions

Duration of Last Sickness, 2 days "

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels R. W. Mansfield *M. D.*

Date of Burial, 14th January Medical Attendant.

Undertaker, Franz Cramer *Address* 117 S. Broadway

Place of Business, 219 Canton Aven

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 261

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susanna Lobel

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 21 *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 44 Portland st

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions,

Duration of Last Sickness, 3 or 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 14th Inst

{*Undertaker,* Adam Reidemeyer

Place of Business, 518½ W. Balto st. *Address*

James H Steuart M. D.
~~Medical Attendant.~~
Comp. Gen. & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 302, 2621

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE

Date of Death, 13th January 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Chapman Hood

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Seven *Years,* Seven *Months,* Twenty five *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard County, Md.

Duration of Residence in the City of Baltimore, Five Years

Place of Death, {Give street and number.} 371 Franklin St. Farmlands Dairy

Cause of Death, {First (Primary,) Rheumatism
{Second (Immediate.) Endocarditis

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, July 13th

{*Undertaker,* A. Weidemeyer
{*Place of Business,* 518½ W. Baltimore St *Address* 234 Hollins St.

John Hood M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 263

Permit No. 263

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Askins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Male.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Drayman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 57 Pine Alley

Cause of Death, {First (Primary,) Bronchitis, Second (Immediate,) Consumption

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Jan 14th 1875

Undertaker, Bruff

Place of Business, 65 Gunther st *Address* 23 N. Green st

J. A. Gillis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 264,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany. 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John James Moore

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 57 Years, 1 Months, Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York U.S.

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and number.} 278 Dutch St

Cause of Death, {First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 14th 1875

Undertaker, Conway M. D.

Place of Business, 54½ Broadway *Address* Cor Orleans & Caroline

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 265 265

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE.

Date of Death, January 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel E. Christner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ——— *Years,* *Months,* 24 *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 37 Edward pl

Cause of Death, {First (Primary,) Empyelas

{Second (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, Jany 14 1875

Undertaker, Peter Schatthaus

Place of Business, 185 Centre Ave

D. Webster Cathell M. D.
Medical Attendant.

Address 17 E Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

266

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 266

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14. 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Serenda Collins

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 10 *Months,* 18 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 55 Hart av.

Cause of Death, {First (Primary,) ——— Second (Immediate.) Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 15th 1875

Undertaker, Matthias A. Dayer

Place of Business, 74 S. Broadway

11 R. C. See M. D.
Medical Attendant.

N. W. cor

Address Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

267

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 267.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 12 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anne Marand

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

HEALTH DEPARTMENT JAN 14. 1875 BALTIMORE.

Age, 2 *Years,* 1 *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 yr. 1 mo

Place of Death, {Give street and number.} 6 China st

Cause of Death, First (Primary,) Croup

Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Basin Ground

Date of Burial, January 14. 1875

H. W. Webster M. D.
Medical Attendant.

Undertaker, A. Knell

Place of Business, 106 Columbia st. *Address* 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

268

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 268

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, The 13th of January 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Caroline Canton

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* 5 *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lowenthal, Tomen, Prussia

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} N. 16 N. Chapel St.

Cause of Death, First (Primary,) Paralysis of the lungs.

Second (Immediate,) died 24 hours after confinement

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore St. Ulphanus

Date of Burial, 14th of January

Undertaker, H. M. Gilmore

Place of Business, 22 Caroline St.

J. Jeffries M. D.
Medical Attendant.

Address 245 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

269

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 269

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 12th 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Innis

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 102 — *Years,* no — *Months,* no — *Days.*

Color, White *Sex,* Female

~~Married, Single,~~ *Widow or* ~~Widower,~~ { Cross out the words not required in this line. }

Occupation, House Keeper

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Dorchester Co Md

Duration of Residence in the City of Baltimore, 50 years

Place of Death, { Give street and number. } 69 Castle st North

Cause of Death, { First (Primary,) old age / Second (Immediate,) }

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Jany 14 1875

James A Steuart M.D.
~~Medical Attendant.~~

{ *Undertaker* Henry Schultheis / *Place of Business,* 261 Hanover st. } *Address*

Com of Hs & Registration

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

270

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 270.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Duffy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, About Twenty two yrs

Place of Death, {Give street and number.} Baltimore 125 Lemmon St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate.)

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jan 14

Undertaker, J B Cook

Place of Business, 11 & 707 Baltimore St *Address* 11 Lexington St

A. Hepton *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

271

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 271

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Lewis Myers

Sex, Male or Female, {Cross out the word not required in this line.} m

Age, " *Years,* 1 *Months,* 9 *Days.*

Color, Wh *Sex,* m.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 21 Mos

Place of Death, {Give street and number.} 283 S. Sharp St.

Cause of Death, First (Primary,) Inflamation of Brain,

Second (Immediate,)

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem. R. J. N. Tall, M. D.

Date of Burial, January 15th 75. Medical Attendant.

Undertaker, Julius Koehler *Address* 158 S Sharp St.

Place of Business, Cor Sharp & Cross. Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 272

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 272

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 1875 BALTIMORE

Date of Death, January 14 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Baker

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 50 — *Years,* — *Months,* — *Days.*

Color, Black — *Sex,*

~~*Married, Single,*~~ *Widow or ~~Widower~~,* {Cross out the words not required in this line.} Widow

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 16th Sterling St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Jany 14 1875

Undertaker, W. D. Donovan

Place of Business, 6 Burke St

D. S. Stewart M. D.

~~Medical Attendant~~ Coroner's Physician

Address 98 Holliday St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 273

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 273

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 12th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Blanche Allsop

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, Black *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 29 Chestnut Alley

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery J. H. C. Cudd, M. D.

Medical Attendant.

Date of Burial, Jan 14th 75

{*Undertaker,* J. B. Cook *Address* 363 Franklin St

{*Place of Business,* 707 Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married of single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 274

Permit No. 274

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 1 month 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August F Oysermann

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 76 *Years,* *Months,* *Days.*

Color, White *Sex,* male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Cabinet Maker.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, 40 years.

Place of Death, {Give street and number.} 49 George St Baltimore.

Cause of Death, First (Primary,) Cancer Stomach.

Second (Immediate,) Congestion of Brain.

Duration of Last Sickness, 1 year.

All the above information should be furnished by the Physician.

Place of Burial, St Alfoan Yard

Date of Burial, January 16

Undertaker, Jacob Wagner.

Place of Business, Ross St No

W Riley M. D.
Medical Attendant.

Address 47 Lexington St Baltimore.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

275

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 275

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Dielz

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* 2 *Months,* 10 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Ridgely st near Hamburg

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 16th 75

James A Steuart M. D.
~~Medical Attendant~~

Undertaker, Phillip Seewald Comptr. & Registrar

Place of Business, S. Eutaw St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

276

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 276.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 13. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Maria Orchard

~~Sex, Male~~ or *Female,* {Cross out the word not required in this line.} female.

Age, 65 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~Maryland~~ Philadelphia

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 423 N. Carey St

Cause of Death, First (Primary,) Cancer of Womb

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount.

Date of Burial, Jany 15th 1875

Undertaker, W. L. Nelson

Place of Business, 239 Penn. Ave

James A Steuart M.D.
Medical Attendant.

Address 7 Holliday St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 277

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2771

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14th January 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elvira C. Gibson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 5 *Years,* *Months,* *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Balt

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Burial Grd

Date of Burial, 14th Jan

Undertaker, W. W. Lankford & Son. *Address* Balt

Place of Business, Light St.

F. Donald M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

278

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 278

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary L. Mills

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1. *Years,* 10. *Months,* — *Days.*

Color, Black *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 22. months

Place of Death, {Give street and number.} 325 S. Howard St

Cause of Death, {First (Primary,) Phthisis
Second (Immediate.)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *Gordon Cook* M. D.
Medical Attendant.

Date of Burial, Jany 14 1875

{*Undertaker,* W H Chase
{*Place of Business,* No 198 W Baltimore St *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 279

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 279

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Mary~~ Jane Jones

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, thirty four *Years,* ... *Months,* ... *Days.*

Color, Black *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Easton Shore Md. (Dorchester Co)

Duration of Residence in the City of Baltimore, twelve years

Place of Death, {Give street and number.} 148 N Spring st

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Laurel, Cemetery

Date of Burial, Jan 14th

Undertaker, Wm Dunger

Place of Business, 104 East St

D. Webster Bethell M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

280

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 280

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Blaze

Sex, Male or Female, {Cross out the word not required in this line.} Girl

Age, 3 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, 3 Mos

Place of Death, {Give street and number.} 59 Jasper Alley

Cause of Death, First (Primary,) ,

Second (Immediate.) Inanition

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 15/75

Thos S. Latimer M. D.
Medical Attendant.

Undertaker, Wm J. Gray

Place of Business, 46 Public Alley Address 248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 281

Permit No. 281. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13th Jan. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Elisabeth Windenroth

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* 7 *Months,* 28 *Days.*

Color, *Sex,*

Married, ~~Single,~~ ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hildesheim (Germany) 26 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 60 Riverside Avenue

Cause of Death, First (Primary,) old age

Second (Immediate,) Apoplexy

Duration of Last Sickness, under treatment three days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 15th 1875

Undertaker, Hirschfeld & Son

Place of Business, Penn. Ave

Hanshell

P. H. Weltmann M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

282

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 282

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE

Date of Death, January 13th 1874

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Hunter

~~Male~~, *Male or* ~~Female~~, {Cross out the word not required in this line.}

Age, 78 — *Years,* *Months,* *Days.*

Color, White *Sex,* Male —

~~Married, Single, Widow~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Master of Record Office —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County — Md —

Duration of Residence in the City of Baltimore, 31 years.

Place of Death, {Give street and number.} 87 N. High St —

Cause of Death, {First (Primary,) / Second (Immediate,)} Paralysis —

Duration of Last Sickness, 4 hours —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 15th 1874

I. N. Hook M. D.
Medical Attendant.

Undertaker, James O Byrne

Place of Business, 11 & 63 North Front St *Address* 75 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

283

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 283

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9½ Oclock A. M. January 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Henry Moore

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 5 *Months,* 5 *Days.*

Color, Colored *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bay View Asylum

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give street and number.} 53 Perry Street

Cause of Death, {First (Primary,) Natural Causes, most probably catarrh
Second (Immediate.) ____

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Jany 14 1875

Undertaker, [illegible]

Place of Business, No 1[illegible] Hanover

M. W. Dimond M. D.
Coroner
~~Medical Attendant.~~

Address 98 Dev Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore. 284

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2841

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matilda A. Reed

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford County

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} Baltimore City 58 North Broadway

Cause of Death, {First (Primary,) / Second (Immediate.)} Disease of the Heart

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Thomas Clark Lemby Milton A. Taylor M. D.

Medical Attendant.

Date of Burial, Jan 15th 1875

Undertaker, Thos F Hughes

Place of Business, Dulo & Balto Sts *Address* North & Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

285

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 285

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th January 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizebeth Weimer

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, Mulatto *Sex,*

~~Married,~~ *Single,* ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Chamber Maid

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} No 171 N Eutaw st

Cause of Death, {First (Primary,) / Second (Immediate,)} Tubercular Consumption

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, January 15

William L Russell M. D.
Medical Attendant.

Undertaker, James H Dare

Place of Business, No 12 Sambuja st Address Cor Broadway & Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

286

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 286,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE JAN 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 18th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Hubbard

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} F

Age, 31 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co Md.

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} 133 S. Fremont St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 12 or 15 months.

All the above information should be furnished by the Physician.

Place of Burial, Fremont Street Cty

Date of Burial, Jany 15th 1875

Undertaker, John L Hirschen

Place of Business, No 15 Camden

R. J. H. Tall M. D.

Medical Attendant.

Address 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 287

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2871

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14. January 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Elizabeth

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 31 *Years,* 8 *Months,* 3 *Days.*

Color, white *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, D

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 89 Somerset

Cause of Death, {First (Primary,) Consumption
{Second (Immediate,)

Duration of Last Sickness, ab. 9 months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 17th 1875

Undertaker, Geo. Shilling

Place of Business, ck 212 E Monument st N.W. cor Fayette st

Wattmore M. D.
Medical Attendant.

Address 57 Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

288

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. ~~F~~ 288

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14th January 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Adolph Ambach Abbey Ambach

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 13 *Days.*

Color, White *Sex,* ____

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} No 283 N Bond st

Cause of Death, { First (Primary,) Premature Birth
Second (Immediate,) unknown

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, St Mathew Burial Ground

Date of Burial, Jan 15th 1875

Undertaker, Geo. Shilling

Place of Business, No 212 E. Monument st
N. W. cor Aisquith st

Wm. L. Kunell M. D.
Medical Attendant.

Address 1 Broadway Fmadison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician [redacted]ed during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within [redacted] after the death, to the Undertaker or other person or persons superintending the burial, a Certificate [redacted] forth, as far as [redacted] same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

289

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 289,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Filmore

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* 3 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County Roscommon Ireland

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, {Give street and number.} 119 Elliott St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Confined to his bed for the last four months

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, January 17th 1875

Undertaker, Matthias A. Darger

Place of Business, 714 S. Broadway

James F. McShane M. D.

Medical Attendant.

Address No. 254 Eastern Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 290

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 290

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1874 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 14th 1874

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lue B. Atlee

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow, Widower~~ {Cross out the words not required in this line.}

Occupation, No —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, three years —

Place of Death, {Give street and number.} 30. Lemmon, Gilmore. St

Cause of Death, First (Primary,) Consumption —

Second (Immediate,)

Duration of Last Sickness, 8 months.

All the above information should be furnished by the Physician.

Place of Burial, Leesburg — Virginia

Date of Burial,

Undertaker, Wm. M Dorkins & Son

Place of Business, 16 Light St.

H. Wilkins M. D.
Medical Attendant.

Address 169 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 291

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 291

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Father: Henry Adolphus – Mother: Caroline Thiemeyer

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, five days ~~Years,~~ ~~Months,~~ *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} state of Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Caloerton Road No 7

Cause of Death, First (Primary,) General weakness

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimor Cmetery

Date of Burial, January 16th

Undertaker, John Schultheis

Place of Business, Mulberry St

Dr F. Reinhard M. D.
Medical Attendant.

Address 224 West Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 292.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14th January 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James F. Brannan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 50 N Bond St

Cause of Death, First (Primary,)

Second (Immediate,) Erysipelas

Duration of Last Sickness, Five Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 15th

Undertaker, R. Hall 1768 E. Balto

Place of Business, *Address*

R. H. Williams M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 293

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 298

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1875 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, January 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christian Henry Gerhard Hohman

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 5 Months ~~Days.~~

Color, White *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 1 North Washington St

Cause of Death, First (Primary,) Mal Formation Hydrocephalus

Second (Immediate,) Water on Brain

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Michaels G.Y.

Date of Burial, Jan 16 1875

Undertaker, Family

Place of Business, ...

James A Steuart M. D.
Medical Attendant.

Address Eng & Reg Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 294

Permit No. 294

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Franciska Fleckenstein

~~Sex, Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 1 *Years,* *Months,* 11 *Days.*

Color, white *Sex,* female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

~~*Duration of Residence in the City of Baltimore,*~~

Place of Death, {Give street and number.} 16. N. Chapsfield.

Cause of Death, {First (Primary,) Bronchitis acute

{Second (Immediate.) four days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ft Olphaeus P. G. Dausch M. D.

Date of Burial, January 17th 1875. Medical Attendant.

{*Undertaker,* H. ell Gibbons.

{*Place of Business,* 341 Canton Ave: Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

295

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 295,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT CITY JAN 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15th of January 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary Canton

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* 14 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 16 N. Caroline

Cause of Death, { First (Primary,) Diphtheritis
Second (Immediate,)

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Graveyard

Date of Burial, January 18th 1875

{ *Undertaker,* H. M. Gibmeyer
{ *Place of Business,* 341 Canton Ave *Address* 245 S. Baltimore St.

F. Patten M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 296

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 296

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 14th of January 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Johannes Carlow

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* " " 2 *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore 16 N. Chapel St.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 16 N. Chapel St

Cause of Death, {First (Primary,) Too early born

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Johnsons Graveyard

Date of Burial, January 16th 1875

J. Mathews M.D.
Medical Attendant.

{*Undertaker,* H. M. Gilmyer *Address* 245 E. Baltimore St.

{*Place of Business,* 241 Canton Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

297

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 297

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 1/2 o'clock P. M. Wednesday January 13 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jamie Hamilton Blair

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Railroad Agent

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lynn Mass

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} 501 Franklin St near Eutaw

Cause of Death, {First (Primary,) Effects of over dose Laudanum
Second (Immediate.) Taken in my opinion suicide

Duration of Last Sickness, Over dinner time

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, 3 O'Clock P M.

Undertaker, C. H. Blizzard

Place of Business, No 66 Eutaw St. *Address*

P. Goodrich *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore, 298

Permit No. 298

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Nelson Mc

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Months, 42 Days.

Color, White Sex,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 113 N. Caroline St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 113 N. Caroline St

Cause of Death, {First (Primary,) / Second (Immediate,) Pneumonia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County.

Date of Burial, Jan. 16.

Undertaker, H. Thompson.

Place of Business, 63 N Eden St.

L B Gross M. D.
Medical Attendant.

Address 137 Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 299

Permit No. 299.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augustus Wolford

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Four (4) *Years,* —— *Months,* Six (6) *Days.*

Color, White

Sex, Male

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.} Child

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} No 0 Chestnut Alley

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness, Fourteen (14) days

All the above Information should be furnished by the Physician.

Place of Burial, Sweet Holme

Date of Burial, January 16th

Undertaker, Peter Kummert

Place of Business, 317 Mulberry St.

Address

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 300

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 300

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 14. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosanna Bomhead

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 28 yrs.

Place of Death, {Give street and number.} No. 9 Webb st.

Cause of Death, First (Primary,) —

Second (Immediate,) Tuberculous Pneumonia

Duration of Last Sickness, 26 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery. Jno. H. Hartman M. D.

Date of Burial, January 16th 1875. Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, No. 234 N. Gay St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 301

Permit No. 301, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant Frank and Mary Melville

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} .....

Age, Years, Months, Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 57 Columbia Ave

Cause of Death, { First (Primary,) / Second (Immediate,) Cyanosis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, January 18th 1875

Undertaker, John Meaher

Place of Business, 1130 Caroline

J. H. Kinney M. D.
Medical Attendant.

Address 76 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore, 302

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 302

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 14th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Dempsey

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland, about 15 years in Baltimore

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 93 Orleans St

Cause of Death, First (Primary,) Cord

Second (Immediate,) General Debility

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Jan 16 1875

John Morris M. D.

5 Franklin St Medical Attendant.

{*Undertaker,* Hes P Byrne

{*Place of Business,* 63 Front st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 303

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 303,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 14 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} E. N. Brumley (Miss)

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 54 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, No.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore. 4 years

Place of Death, {Give street and number.} Bald cor Charles & Biddle sts

Cause of Death, First (Primary,) Diabetes Mellitus

Second (Immediate,) Typhoid Pneumonia

Duration of Last Sickness, 20 days

All the above information should be furnished by the Physician.

Place of Burial, Cumberlan

Date of Burial, January 14

Undertaker, Jacob Weaver

Place of Business, Bond Hillen Av

F. Donaldson M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 304

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 304,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Jane Ford

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 9 *Months,* 13 *Days.*

Color, White *Sex,*

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 29 Little Church St

Cause of Death, {First (Primary,) Scarlatina, Anginosa

Second (Immediate,) 5 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, January 16th 1875

{*Undertaker,* Chas. F. Herold

Place of Business, 161 Hanover St. *Address* 17 Warren St

H. B. Noble M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 305

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 305

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Twin children of Richard M.t Neth Jackson — One Still born

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One Lived 2 hours ~~Years,~~ ~~Months,~~ ~~Days.~~

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt city Md

Duration of Residence in the City of Baltimore, None none

Place of Death, {Give street and number.} 22 Bruns Alley

Cause of Death, First (Primary,) ~~Asphyxia~~ Monatorum

Second (Immediate,) Asphyxia Monatorum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Jan 15th 1875

Undertaker, D. Tho. Jones Jr.

Place of Business, 65 Marlboro St

J E. Atkinson M. D.

Medical Attendant.

Address 209 N. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore. 306

Permit No. 306

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 14 — 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Ruth Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, abt 50 *Years,* *Months,* *Days.*

Color, Black *Sex,* Fem

~~Married~~ ~~Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Washwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} America

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 153 Low St

Cause of Death, {First (Primary,) Cancer 7 months and Dr's Effects

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 15 1875

Undertaker, C. H. Chase

Place of Business, 1 & 3 Fayette

Benj Hershfield M. D.
Medical Attendant.

33 N. Calvert St
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 307

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 307.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John O. Cutledge

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* 7 *Months,* 14 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St. Johns, Nova Scotia

Duration of Residence in the City of Baltimore, Fifteen months

Place of Death, {Give street and number.} Mt. Clair Road, near Washington Pk.

Cause of Death, First (Primary,) Acute Pneumonia, double.

Second (Immediate.) on fifth day

Duration of Last Sickness, Six days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, January 16th 1875

W. H. Hobbs, M. D.
Medical Attendant.

Undertaker, Jno. H. Weaver.

Place of Business, 22 N. Gayetter St. *Address* 350 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore, 308

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 308

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 14th 7½ a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harman Schrank

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Employee in white lead factory

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 1 yr. & 3 mo.

Place of Death, {Give street and number.} University Hospital

Cause of Death, First (Primary,) Lead Poisoning

Second (Immediate,) Exhaustion & convulsions from the same

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, 16 Jan 1875

Undertaker, C. H. Kraus

Place of Business, 209 Hanover st

J. C. Worthington M. D.
Medical Attendant.

Address Cor. Green & Lombard Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore, 309

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 309

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lew R Smith & Mary E. Smith

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 10 *Days.*

Color, white *Sex,* ———

~~Married, Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 36 George Street

Cause of Death, {First (Primary,) Cold

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 16 1875

M. D.
Medical Attendant.

{*Undertaker,* M. Shilling *Address*

{*Place of Business,* Penn Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 310

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 310,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ernest Justus Shaffer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 954 N. Balto St.

Cause of Death, {First (Primary,) Scarlatina Maglina

Second (Immediate,)

Duration of Last Sickness, 14 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Home

Date of Burial, Jan 16/75

Undertaker, Jno Kimmett

Place of Business, Baltimore & Mount Vernon

H. L. Speir M. D.
Medical Attendant.

Address 879 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

311

Permit No. 311

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 14 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} W Burton Conway Lee

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Months, Days.

Color, White Sex, Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Child

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 210 Hoffman St.

Cause of Death, {First (Primary,) Second (Immediate,)} Croup about 10 days

Duration of Last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmt Cemetery

Date of Burial, January 15th 1875

Undertaker, John H. Weaver, Address Ce St Paul and Fredk Sts

Place of Business, 22 N. Hayward St.

J Wellemen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

Permit No. 311 — 311

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 14 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} W Barton Cunningham

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Five *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Balto Md, 210 Hoffman St.

Cause of Death, {First (Primary,) Croup

Second (Immediate,)

Duration of Last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, January 15th 1875

{*Undertaker,* John H. Weaver.

{*Place of Business,* 22 N. Gay the St. *Address* Cor St Paul & Franklin Sts

J Whitman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore, 312

Permit No. 312

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Elizabeth Bell

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 11th *Years,* 5 *Months,* 1 *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 343 S Sharp St

Duration of Residence in the City of Baltimore, 5 months & 1 day —

Place of Death, {Give street and number.} 343 S. Sharp St

Cause of Death, First (Primary,) Congestion Brain

Second (Immediate,) " "

Duration of Last Sickness, 2 days —

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, 17th Jany —

Undertaker, Patrick Kohler

Place of Business, Cor. Sharp & Conway Sts

Address 167 W Lombard St

E. D. Wilkins M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

ecial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore, 313

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 313.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Ellen Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 6 *Months,* 10 *Days.*

Color, White. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Princess Anne, Somerset Co. Md -

Duration of Residence in the City of Baltimore, 5 yrs -

Place of Death, {Give street and number.} Cor. Hanbert & Nicholson sts Locust Point.

Cause of Death, {First (Primary,) Congestion of Brain.
{Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Ball Cemetery. 2 Pm A. P. Clarke M. D.
Medical Attendant.

Date of Burial, Jany 16

Undertaker, Wm Fox *Address* 237. Gough st.

Place of Business, 54. N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 314

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 314.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE.

Date of Death, Jan 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lee Wright

~~Sex~~, Male or Female, {Cross out the word not required in this line.}

Age, ~~1 yr~~ 95 *Years,* Five *Months,* Five *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 46 years

Place of Death, {Give street and number.} 50 ~~Fayette~~ Fayette St

Cause of Death, First (Primary,) Pleurisy

Second (Immediate.)

Duration of Last Sickness, ~~Hours~~ 10 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem. Coroner's Inquest

Date of Burial, 17th day Jany 1875 = 2 Oclock PM

Undertaker, Jacob Weaver *Address* 57 Eutaw St

Place of Business, No 496 Druid Hill Ave

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore, 315

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 315

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE.

Date of Death, January 14th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mathew. Charles

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, Two *Years,* Ten *Months,* —— *Days.*

Color, White *Sex,* Male.

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 139 N. Front.

Cause of Death, {First (Primary,) Congestion of Brain
{Second (Immediate,) Convulsions

Duration of Last Sickness, Two (2) weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery G. F. Coyner M. D.

Date of Burial, Jan 16 1875 Medical Attendant.

Undertaker, Jas P Byrne

Place of Business, 63 Front st *Address* 129 N High st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 316

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 316,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE.

Date of Death, Jany 15th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Sevastiano

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 2 *Months,* 19 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Tiflis. Russia.

Duration of Residence in the City of Baltimore, about one year.

Place of Death, {Give street and number.} St. Anthony's Orphan Asylum. North Central ave.

Cause of Death, {First (Primary,) / Second (Immediate,)} Ascites.

Duration of Last Sickness, four days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery.

Date of Burial, January 16, 1875

{*Undertaker,* Henry Woeck / *Place of Business,* 309 Central Ave.

John F. Mommenee M. D.
Medical Attendant.
S.W. cor Calvert & Read sts
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 317

Permit No. ~~14~~ 317

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE.

Date of Death, January 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mr Tilford Lowe

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 10 *Months,* 6 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 54 S. Dungan Alley

Cause of Death, {First (Primary,) Pneumonia
Second (Immediate,) Has been sick more or less since the fourth of January

Duration of Last Sickness, Since 4th of January

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, January 17th.

Undertaker, Georg Foeblich

Place of Business, 339 Canton Av.

Pr Edward Miller *M. D.*
Medical Attendant.

Address 423 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...cial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore, 1875

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3181

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE

Date of Death, Jan 14 " 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Francis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, —— Months, 2 Days.

Color, white Sex, Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 288 E Madison Street

Cause of Death, First (Primary,) Congental malformation Spina Bifida

Second (Immediate,) Gangrene

Duration of Last Sickness, all life

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery — Edmund Walker M. D.

Date of Burial, Jan 16th 1875 — Medical Attendant.

Undertaker, Geo Stullenz — *Address* 180 Linden Ave

Place of Business, 212 E. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 319

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 319

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE.

Date of Death, Jan 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lydia Clark

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* One *Months,* 5 *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Rear 21 207

Cause of Death, First (Primary,) Spasmodic Croup

Second (Immediate.)

Duration of Last Sickness, 8 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, 16 Jan

Undertaker, James H Davis

Place of Business, No 12 Saratoga st

E. C. Baldwin *M. D.*
Medical Attendant.

Address 124 N. Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

320

Permit No. 320, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE.

Date of Death, January 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Jonathan Parker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, [redacted] Years, [redacted] Months, ten Days.

Color, White Sex, male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Restaurant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, his life.

Place of Death, {Give street and number.} No 4 Liberty Street

Cause of Death, {First (Primary,) organic Disease of Liver
Second (Immediate.) Exhaustion

Duration of Last Sickness, about five weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, 17th Jany 1875

Undertaker, Hyn. Jenkins Son

Place of Business, 16 Light St Address

Wm H Davis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 321

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 321,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE.

Date of Death, Jan 14/75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theodore J. G. Lubert

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 3. *Months,* 3. *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 37 Ridgly st Balt

Duration of Residence in the City of Baltimore, 3 months 3 day

Place of Death, {Give street and number.} 37 Ridgly St.

Cause of Death, First (Primary,) ———

Second (Immediate,) Pneumonia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Lut from St Alphons Theodore Cook M. D.

Medical Attendant.

Date of Burial, Jan 17

Undertaker, Levi Clement *Address* 146 Hanover st

Place of Business, ~~No 317~~ Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 322

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 322,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE

Date of Death, Jan 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Miller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and number.} 274, Bank St.

Cause of Death, {First (Primary,) Pneumonia.
Second (Immediate,)

Duration of Last Sickness, Eight Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Cemetery

Date of Burial, Sunday, June 17th 75

Undertaker, Chas. Evans

Place of Business, 1 Mott St.

W. Appleton M. D.
Medical Attendant.

Address 274 Bank St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 322

Permit No. 323,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE

Date of Death, Jan. 15th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Jones

~~Sex~~, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 9 *Years,* 6 *Months,* 12 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 50 Johnson Street

Cause of Death, {First (Primary,) Scarlatina

{Second (Immediate,)

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan 17 1875

J. L. Harrington M. D.
Medical Attendant.

Undertaker, Armstrong & Clem

Place of Business, 263 Light *Address* 864 Light Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

324

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 324

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1875 REGISTERED

CERTIFICATE OF DEATH.

Date of Death, January 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel James Bonnacore

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, Months, five Days.

Color, Dark brown *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Since its birth

Place of Death, {Give street and number.} 276 Howard St. South

Cause of Death, First (Primary,) Stoppage of Urine

Second (Immediate,) Uraemia

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery R. M. Hall M. D.

Medical Attendant.

Date of Burial, Janry. 16. 1875

Undertaker, S. M. Chase

Place of Business, 18 & 19 S. Howard St *Address* 266 E. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 325

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 10 1875 BALTIMORE.

Date of Death, January Th 18 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Anna Robbins

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, Years, 9 Months, Days.

Color, Brown *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 82 Welcome alley

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,) Four Month

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Janry 17. 1875

{*Undertaker,* S. M. Chase

{*Place of Business,* No 194 S. Howard St Address 260 S. Eutaw Street

J Shelby M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 326

OFFICE OF REGISTRAR OF VITAL STATISTICS.

326

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE.

Date of Death, January 15th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lottie H. Langley.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Five (5) *Years,* Eleven (11) *Months,* Ten (10) *Days.*

Color, White *Sex,* Female.

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 45 Stiles St.

Cause of Death, {First (Primary,) Diptheritic Scarlatina

Second (Immediate.) Apnœa. Occasioned by extension & False membran into the Trachea.

Duration of Last Sickness, 8 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 17th 1875

{*Undertaker,* Cemetery

Place of Business, 57th & Broadway

Jno. F. Lowell M. D.
Medical Attendant.

Address 72 E. Pratt Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained. the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 327

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 327

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Roberta Johnson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* Nine *Months,* *Days.*

Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Forest 21 23

Cause of Death, First (Primary,) Catarh Fever

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, E. Potters field

Date of Burial, January 16th 75

Undertaker, Wm Lohovan

Place of Business, 6 Bank St.

E. A. Baldwin M. D.
Medical Attendant.

Address 124 n. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 328

328

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles H. Thompson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* unknown *Months,* unknown *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower? {Cross out the words not required in this line.}

Occupation, Paper Hanger

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New Haven Connecticut

Duration of Residence in the City of Baltimore, Different Periods

Place of Death, {Give street and number.} 150 Ridgely St

Cause of Death, {First (Primary,) Typhus Fever

{Second (Immediate,) Effusion Brain

Duration of Last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, Batto Cemetary

Date of Burial, Jan 17th 1875

Undertaker, Armstrong Jenn

Place of Business, 263 Fayette St

A. Robt Coltun M. D.
Medical Attendant.

Address 166 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 329

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 14th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lilie C. Black

Sex, Male or Female, { Cross out the word not required in this line. } ~~Female~~

Age, 1 Years, 6 Months, Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ~~Child~~ Child

Birthplace, { State or country (and how long in the United States, if of foreign birth. } ~~Baltimore~~ 112 N. Spring St

Duration of Residence in the City of Baltimore, ~~1 Year~~ 1 Year

Place of Death, { Give street and number. } ~~112 N. Spring St~~ 112 N. Spring St

Cause of Death, { First (Primary,) Pyaemia — Pyaemia

Second (Immediate.) 6 Mos (?)

Duration of Last Sickness, 6 Mos (?)

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery — A. A. Griffith M. D.

Date of Burial, Jan 17 — Medical Attendant.

Undertaker, William N. Lurige

Place of Business, No 104 East St Address 137 Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 330 330

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 15th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Moses C. Bushrod Pinckert

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* 9 *Months,* *Days.*

Color, Colored *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Oyster worker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 501 McElderry st. (Extended)

Cause of Death, {First (Primary,) Heart Disease
Second (Immediate,) Immediate Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 17th

Undertaker, William A. Dinges

Place of Business, NE 104 East St.

Charles Bagley M. D.
Medical Attendant.

Address 75 N. Broadway
City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

331

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 331

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 15 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia ~~Gray~~ Adams

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Nurse

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 98½ St Mary's St

Cause of Death, First (Primary,) O

Second (Immediate,) Puerperal Convulsions

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 17th 1875

John L Pennington M. D.
Medical Attendant.

Undertaker, B. M. Gray

Place of Business, 65 Mulberry St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician, who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 332

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 332

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella May Ward

~~Sex~~, *Male or Female,* {Cross out the word not required in this line.}

Age, *Years,* 14 *Months,* 1 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 74 Carey St.

Cause of Death, {First (Primary,) Whooping Cough

{Second (Immediate.) 5 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January. 17

P. W. Benson M. D.
Medical Attendant.

{*Undertaker,* Wm M. Leonard

{*Place of Business,* 782 W Baltimore St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 333, 333

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Washington Taylor

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 51 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Coachman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prince George Co Maryland

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} Josephine St No 60

Cause of Death, {First (Primary,) Pulmonary Consumption
Second (Immediate,) & Bronchitis

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 17

Undertaker, Selm & Jordan

Place of Business, No 63 Park St

J Wroe M. D.
Medical Attendant.

Address 251 N Frederick St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 334 334

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or Coroner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 15th of January

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary Ellis Hollyman Holtzort

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 24 *Years,* 9 *Months,* 9 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, most all her time in Baltimore

Place of Death, {Give street and number.} Corn. of Albemarle & East Ave

Cause of Death, First (Primary,) Confinement

Second (Immediate,) Febris puerperarum

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cemetery

Date of Burial, Jany 17th 1875

Undertaker, Chas. Foote

Place of Business, 161 Gordon St. *Address* 245 E. Baltimore St.

F. Flathicu M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 335 335

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Janj 16. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Gordon Mccee

~~Sex~~, *Male or Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* ——— *Months,* 16 *Days.*

Color, Black *Sex,* Male

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life ———

Place of Death, {Give street and number.} No 90 Tyson St

Cause of Death, {First (Primary,) Scrofulous —
Second (Immediate.) Cap. Bronchitis. Pneumonia on right

Duration of Last Sickness, about 6 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral St. H. Storms M. D.
Medical Attendant.

Date of Burial, Jany 17 1875

Undertaker, Wm. C. Lord Address 83 Franklin St

Place of Business, 63 Parkett

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 336 336

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Kettler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, One Months, Twenty Days.

Color, White *Sex,* Males

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 225 Alice Anne Street

Cause of Death, First (Primary,)

Second (Immediate,) Convulsions

Duration of Last Sickness, Dr not known as I was called in only a short time before death of the child

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery

Date of Burial, January 17 1875

Undertaker, J. Cecil Perkins

Place of Business, 36 Hanover St

James L. Blair M. D.
Medical Attendant.

Address 25 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 337

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

337

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 16th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Maria Hicks

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 70 *Years,* — *Months,* — *Days.*

Color, Black *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Washwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, 70 years

Place of Death, {Give street and number.} Balto No 154 Low street

Cause of Death, {First (Primary,) Old Age

Second (Immediate,) Pneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Lemmel Cemetery *Medical Attendant.* Robert Hemmen M. D.

Date of Burial, Jan 18th

Undertaker, Wm. A. Bungel *Address* 136 N Eutaw

Place of Business, No 62 East

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 338

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

338

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 16th 1874

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nathaniel Dare

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* 4 *Months,* 23 *Days.*

Color, White *Sex,* Male

Married, ~~Single,~~ Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert Co Maryland

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and number.} 427 east Eutaw St

Cause of Death, {First (Primary,) Pneumonitis Acute

Second (Immediate,)

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, January 18th 1875

Undertaker, Jno A. Weaver, *Address* 220 N. Eutaw

Place of Business, 220 N. Eutaw St, 220 N. Eutaw St.

W. W. White and R. L. Hopson, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 339

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

339

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 1/2 3, P.M. Jan. 15, 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anne Maria Evans

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Seventy-nine *Years,* Months, Days.

Color, Colored *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow.

Occupation, Midwife Co. Maryland.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester

Duration of Residence in the City of Baltimore, For 2 years.

Place of Death, {Give street and number.} Baltimore, No 325, Front St.

Cause of Death, First (Primary,) Dropsy.

Second (Immediate.) Heart Disease.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 17 1875

Undertaker, J. H. Chase

Place of Business,

A. D. Eyer M. D.

Medical Attendant.

Address No 1146 Bill St Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 340

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

340

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gettie Boom

~~Sex, Male~~ or *Female,* {Cross out the word not required in this line.}

Age, *Years,* eight *Months,* 15 *Days.*

Color, Colored *Sex,* female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} No 110 Welcome alley

Cause of Death, First (Primary,) measles

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial,

Undertaker, Jas H Davis

Place of Business, No 12 Saratoga St

Chas E. Heuser M. D.
Medical Attendant.

Address No 97 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 341

OFFICE OF REGISTRAR OF VITAL STATISTICS.

341

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1875 BALTIMORE.

CERTIFICATE OF DEATH.

341

Date of Death, January 16 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia E. Myers,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Eleven Months, Twenty five Days.

Color, white *Sex,*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland (Balto City)

Duration of Residence in the City of Baltimore, Eleven mos. + twenty five days

Place of Death, {Give street and number.} Mount St. S of Ramsay - No number

Cause of Death, {First (Primary,) Typhoid

Second (Immediate,) Sick days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Jan 18 12

Undertaker, A. Weidemeyer

Place of Business, 518½ W. Baltimore St

J. F. Sale M. D.
Medical Attendant.

Address 247 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3421

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

342

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 17 1875 BALTIMORE.

Date of Death, 16 January 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Lloyd

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 92 Little Mc Elderry St.

Cause of Death, {First (Primary,) Diphtheritis / Second (Immediate,)}

Duration of Last Sickness, 3 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City J. Baltimore M. D.

Medical Attendant.

Date of Burial, Jan 18th 1875

Undertaker, Geo. C. Rodemeyer *Address* 97 Aisquith

Place of Business, 138 Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 343,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

343

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 15. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Sidney & Mary Mills

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Months,* 12 *Days.* *Years,*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 134 Jackson Sq. Av.

Cause of Death, First (Primary,) Teething

Second (Immediate,) Convulsions.

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, Jan 17. 1875

Undertaker, Peter Frey

Place of Business, 916 Eastern Ave

G. Glanville Peck M. D.
Medical Attendant.

Address Baltimore,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3441 344

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 15, 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Bunkard

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, 1 year.

Place of Death, {Give street and number.} Corner Baltimore & Pratt Sts.

Cause of Death, First (Primary,) Scarlatina.

Second (Immediate,) Immediate.

Duration of Last Sickness, (Not) 1875.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, 17, January, 1875

Undertaker, Hendrick Dippel, *Address*

Place of Business, 203 S. Bond St.

M. D.

Medical Attendant.

Baltimore January 16 1875

This Certifies that John Bunkard child of Scarlatina, age 1 year, on the 15 Jan. 1875

F. L. Parlett M. D.

Board of Health, City of Baltimore,

345

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 345,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Friday January 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Granville Balson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25. *Years,* 4 *Months,* 11 *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annapolis A A County Md

Duration of Residence in the City of Baltimore, Seven or eight years

Place of Death, {Give street and number.} Corner Chestnut Alley & Aisquith

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Nearly 2 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 18. 1875

Undertaker, Wm H Chase

Place of Business, No 198 N Howard

A Marshall Owens M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

346

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 346.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Ramsey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 80 *Years,* 4 *Months,* *Days.*

Color, white *Sex,*

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 80 years

Place of Death, {Give street and number.} 92 N. Caroline St.

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,) Three Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Methodist: E. Phil Rock Charles Bagley M. D.
Medical Attendant.

Date of Burial, Sunday 18 at 2 P.M.

{*Undertaker,* Wm Fry *Address* 75 N. Broadway

{*Place of Business,* 54 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

347

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 347

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John W. Carson

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Male

Age, Years, 1 Months, 3 Days.

Color, white *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cor McHenry St. & Addison alley

Cause of Death, {First (Primary,) Dyaemia

Second (Immediate,) 6 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem. *Medical Attendant.* James H. Keenan M. D.

Date of Burial, Jan 17th 1875 Cert. Health & Registrar

Undertaker, J. B. Cook *Address*

Place of Business, 707 W. Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 348, 348

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 16th 75.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. Hepburn Rye

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 9 *Months,* ——— *Days.*

Color, White *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore 196 E Madison

Duration of Residence in the City of Baltimore, 9 mo.

Place of Death, {Give street and number.} Balto. 196 E Madison St

Cause of Death, {First (Primary,) Catarrhal fever

Second (Immediate,) Pneumonia

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery Chas. Hepburn M. D.

Medical Attendant.

Date of Burial, Jan 18 - 1875

Undertaker, John T. Rodman & Co. *Address*

Place of Business, 102 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3491

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 17th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida May Starr

~~Male, or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ 14 *Months,* *Days.*

Color, White *Sex,* Female

~~Married, Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, [redacted]

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, From birth.

Place of Death, {Give street and number.} 445 Central Avenue

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Diphtheritic Croup, with oedema of Glottis

Duration of Last Sickness, Forty Eight Hours, Asphyxia

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, January 19th 1875 2 O'clock

Undertaker, Jacob Weaver

Place of Business, Address No. 16 E. Lexington Street

H. S. Starr M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

350

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 350.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Henry Jordan

Sex, Male or Female, {Cross out the word not required in this line.} Mal.

Age, 2 *Years,* Twenty two *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balti

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 91. Gardiner St

Pneumonia

Cause of Death, First (Primary,)

Second (Immediate,)

Duration of Last Sickness, 16 days.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery T. E. Chatard Jr M. D.

Medical Attendant.

Date of Burial, Jan 18 st 1875

Undertaker, Chas. T. Scriven *Address* 114 Park

Place of Business, 271 N. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

351

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 351

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death, if possible, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} William Ridgely Murdoch

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 7 5/12 *Years,* 10 *Months,* 22 *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Retired Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Elgin Scotland

Duration of Residence in the City of Baltimore, ~~Eight~~ Fifty-Eight (58) Years

Place of Death, {Give street and number.} S.W. corner Calvert & Linden Avs.

Cause of Death, First (Primary,) Locomotor Ataxia } Paralysis

Second (Immediate.) do as

Duration of Last Sickness, Health declining for Several Years

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, 19th Jany 1875

Undertaker, Hyatt Jenkins & Son *Address* 146 Park Av.

Place of Business, 16 Light St

W. H. Wilson jr M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 352

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17th 1875 - 4.45 a m.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Miss Polymnia Decatur.

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, about 36 *Years,* *Months,* *Days.*

Color, white *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation, Lady.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore.

Duration of Residence in the City of Baltimore, during her life.

Place of Death, { Give street and number. } St. Paul's St. 10 ors. S. pm Monument.

Cause of Death, { First (Primary,) Sitting in a room distant fire. / Second (Immediate.) Double Pneumonia.

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem. *Medical Attendant.* W. Chas Bibbins - *M. D.*

Date of Burial, 19th Jany 1875

Undertaker, Ag N Jenkins & Son *Address* 47. Franklin St

Place of Business, 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 353,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Travers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, black. *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Porter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Maryland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 65 Forrest St.

Cause of Death, {First (Primary,) Dropsy

Second (Immediate.) 3 weeks from information

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, January 18th 75

Undertaker, Wm. Donovan

Place of Business, 5 Bank St. *Address* Penn & Exeter Sts

Thos. Kelly *M. D.*
Medical Attendant
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the requirements

The Special Attention of Phy... is respectfully invited to the remarks on Law, and to List of Diseases

Board of Health, City of Baltimore,

Permit No. 3574

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 16th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Brooke Gwathmey Reid

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 18 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Maryland

Duration of Residence in the City of Baltimore, Since his birth.

Place of Death, { Give street and number. } Mount Vernon Place. No. 75

Cause of Death, { First (Primary,) Brights disease of Kidneys
Second (Immediate,) Uraemia

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery Riggin Buckler M. D.
Medical Attendant.

Date of Burial, Tuesday 19th Jan 75

{ *Undertaker,* Hy M Jenkins & Son
{ *Place of Business,* 16 Light St *Address* 135 N. Charles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 353

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Joseph Zimmerman

~~Sex~~, *Male or* ~~Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* 3 *Months,* ..... *Days.*

Color, White *Sex,* male

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Plumber

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 204 Stirling St

Cause of Death, {First (Primary,) Tubercular Consumption
Second (Immediate,)

Duration of Last Sickness, About three months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, January 19th 1875

Undertaker, Henry Heck

Place of Business, 309 Central Ave.

Philip C. Abrams M. D.
Medical Attendant.

Address 201 Madison Ave Cor of Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 356

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 16th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary Wallace

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 5-8 *Years,* — *Months,* *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number.} 89 North Street

Cause of Death, First (Primary,) Disease of heart

Second (Immediate,)

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Jan 19

Date of Burial, Baltimore Cemetery

Undertaker, Peter Kümmert

Place of Business, 311 Mulberry St

Edmund R Walker M. D.
Medical Attendant.

Coroner 1st Pol. Dis

Address 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 16th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah. C. Cover.

Sex, Male or Female, {Cross out the word not required in this line.} female —

Age, 2 *Years,* 7 *Months,* — *Days.*

Color, White *Sex,* female —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, — none —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city.

Duration of Residence in the City of Baltimore, all her life —

Place of Death, {Give street and number.} 172 E. Lombard. Str

Cause of Death, {First (Primary,) Ab-dominal Dropsy
Second (Immediate.) Marasmus Dropsy

Duration of Last Sickness, About five years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County H. A. Boehme — M. D.
Medical Attendant.

Date of Burial, January 18th 1875.

{*Undertaker,* Wm Fry *Address* 86 E. Fayette Sts
{*Place of Business,* N Broadway 54

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3581

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James William Warwick

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 11 *Years,* 11 *Months,* 10 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} 3 m.

Occupation, House Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lancaster Count Va.

Duration of Residence in the City of Baltimore, Since April 1st 1874

Place of Death, {Give street and number.} 153 South Paca

Cause of Death, {First (Primary,) Diphtheria Pneumonia

{Second (Immediate,) 5 days in by Phys. Sick two weeks in Va

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery Wm Connell M. D.

Medical Attendant.

Date of Burial, Jan 19th 1875

Undertaker, Henry H Mears

Place of Business, 64 N Gay St

Address 334 E Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 359.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha E. Moran

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* 17 *Days.*

Color, white *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} N.E. corner of Albemarle & Eastern Av.

Cause of Death, First (Primary,) Membranous Croup
Second (Immediate,)

Duration of Last Sickness, six days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick ground

Date of Burial, June 19th 1875

A. F. Erich *M. D.*
Medical Attendant.

Undertaker, Hughes & Co 65 S Broadway

Place of Business, N.E. corner of Fayette & Republican Sts Address 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 360.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

HEALTH DEPARTMENT JAN 19 1875 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, January 17th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caspar Augustus Ferguson

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 Years, 9 Months, 15 Days.

Color, Black *Sex,* Male

~~Married~~, Single, ~~Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 351 Pine St.

Cause of Death, {First (Primary,) Pneumonia
Second (Immediate,)

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 18

Undertaker, Joseph A Cook

Place of Business, No 707 West Baltimore St

J. W. C. Cuddy M. D.
Medical Attendant.

Address 366 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained. the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 361,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 19 1875 BALTIMORE.

Date of Death, Jan 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susanna Bradley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Balto. City

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 61 years

Duration of Residence in the City of Baltimore, 56 S. Ann St.

Place of Death, {Give street and number.}

Cause of Death, First (Primary,) Second (Immediate.) From ovedose of Ext. Belladonna 24 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, Jan 20th, 1875

Undertaker, H. A. Dayer

Place of Business, 711 E. Broadway

Thos. Kelly *M. D.*
Medical Attendant.

Address Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S

Permit No. 362,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1875 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Sunday 17th. 1875 6 A M

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Rachel Davis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Three *Years,* Three *Months,* 20 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 248 Hallins St Balt

Cause of Death, {First (Primary,) Croup
Second (Immediate,)

Duration of Last Sickness, about 60 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park W M Hammond M. D.

Date of Burial, Jan 18th 1875 Medical Attendant.

Undertaker, Wm H Leonard *Address* 53 N Paca St

Place of Business, 782 W. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ST...

Permit No. 363,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1975 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 18. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Dittrich

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 13. *Years,* 5. *Months,* 18 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, S. 294

Duration of Residence in the City of Baltimore, Nort Gai st

Place of Death, {Give street and number.} 249 Nort Gay st

Cause of Death, { First (Primary,) Pleuritis
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 20 1875

{ *Undertaker,* Geo Schilling
{ *Place of Business,* 10 and Monument

John M. P. Lanette M. D.
Medical Attendant.

Address 88 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ST...

Permit No. ~~3~~ 364,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 18 1875 BALTIMORE.

Date of Death, Jan 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Augusta [illegible]

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 225 E. Charles st

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 225 E. Charles st Balto

Cause of Death, {First (Primary,) Scarlatina

{Second (Immediate.) Pericarditis with effusion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 19 1875

{*Undertaker,* Charles F. Herold

{*Place of Business,* 161 Hanover St.

Geo. H. Dawson M. D.
Medical Attendant.

Address 161 Hanover st Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 365,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nelson Richardson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Male

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cincinatti Ohio

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} No 3 Carleton st

Cause of Death, First (Primary,) Heart disease (Valvular)

Second (Immediate,) Dropsy (Cardiac)

Duration of Last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 18 1875

W. H. Curry M. D.
Medical Attendant.

Undertaker, Joh C Gordon *Address* 318 N. Fremont st

Place of Business, 1263 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S[illegible]

Permit No. 366

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Mueller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 10 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 10 days

Place of Death, {Give street and number.} 17 E. Washington St.

Cause of Death, First (Primary,) ____

Second (Immediate,) Spasms

Duration of Last Sickness, one day from information

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, 18th January

Undertaker, Francis Cramer

Place of Business, No. 219 Canton Avenue

Thos. Kelly M. D.
Medical Attendant.

Coroner

Address Town & Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA[illegible]

Permit No. 367

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Sohn

Sex, Male or Female, {Cross out the word not required in this line.} —

Age, 16 *Years,* — *Months,* — *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, child —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} Baltimore cor. Dallas & Fayette

Cause of Death, {First (Primary,) Typhoid fever do —
Second (Immediate.)} " " —

Duration of Last Sickness, about Six days —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery G. A. Dohme *M. D.*
Medical Attendant.

Date of Burial, January 18th 1875

Undertaker, Murphy *Address* 86 E. Fayette St

Place of Business, 54 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL [illegible]

Permit No. 368

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17. 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Walter

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Two Years, Seven Months, Three Days.

Color, White. *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 357 S. Charles St.

Cause of Death, { First (Primary,) malignant Scarlet Fever
Second (Immediate,) 3 days —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

J. H. Smith M. D.
Medical Attendant.

Place of Burial, Cattle Comer.

Date of Burial, Nov 19th 1875

Undertaker, Julius Koehler *Address*

Place of Business, Cor. Sharp & Conway St. 108 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S

Permit No. 369.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death [illegible], or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma A Cummings

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Seven *Years,* Six *Months,* Seven *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 7 y. 6 m. & 7 d. y.

Place of Death, {Give street and number.} 352 Harford ave Baltimore

Cause of Death, {First (Primary,) Croup membranous

{Second (Immediate,) Dr H – attended her 3 days

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jany 18th 1875

M Hammond M. D.
Medical Attendant.

{*Undertaker,* Thos S Hughes *Address* 53 N Paca St

{*Place of Business,* 60 & 1 Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 3701

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Musselman

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, Seventy Six *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or~~ ~~Widower,~~ {Cross out the words not required in this line.}

Occupation, Book-keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lancaster Co Penna

Duration of Residence in the City of Baltimore, nearly 39 years

Place of Death, {Give street and number.} 167 Druid Hill Ave

Cause of Death, {First (Primary,) Prostatic abscess & vesico-rectal fistula.
Second (Immediate,) Partial paralysis, affecting mostly the tongue

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, January 19th 10 o'clock A.M.

Undertaker, John A Boucher

Place of Business, 16 150 Camden *Address*

Elias C. Price M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 371

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 16th day of January 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} James & Susanna Love twins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 12 *Days.*

Color, *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 12 days in the house

Place of Death, {Give street and number.} South East corner of Pine & Penna

Cause of Death, First (Primary,) Imperfect Development of heart

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 18 1875

Undertaker, D B Blackistone

Place of Business, Balto St

D. P. Hoffman M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

An informal Burial

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 372,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George L. Holmes

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 31 *Years,* — *Months,* — *Days.*

Color, *Sex,* male

Married, [redacted] {Cross out the words not required in this line.}

Occupation, Boiler Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, 31 Years.

Place of Death, {Give street and number.} 124 Orange St.

Cause of Death, {First (Primary,) Bright's Disease / Second (Immediate,) Convulsions —

Duration of Last Sickness, 3 or 4 months.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 20th 1875

{*Undertaker,* Armstrong & Lemmy / *Place of Business,* 262 Light St

R. J. McFall — M. D.
Medical Attendant.

Address 158 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA[illegible]

Permit No. 373,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William ~~Smith~~ Samuel Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore of Maryland

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 65 S. Dallas St.

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 2½ years

All the above information should be furnished by the Physician.

Place of Burial, Dallas St P. Ground

Date of Burial, Jan 18th 1875

Undertaker, Handley

Place of Business, 65 Dallas St *Address*

Thos. Kelly *M. D.*
Medical Attendant

Town Explo[illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 3741

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jessie Eulxade Weist

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Born in and Lived

Place of Death, {Give street and number.} Born in and Lived

Cause of Death, {First (Primary,) Inflammation of Bowels

Second (Immediate.) several Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Leader Park

Date of Burial, January 19

Undertaker, J B Cook

Place of Business, No 707 W Baltimore St *Address*

G. P. McGuire *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S

HEALTH DEPARTMENT JAN 1875 BALTIMORE.

Permit No. 375,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *when properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Janu 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter W Georgeans

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 5 years ~~Years,~~ Three *Months,* Six *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 5 yrs 3 mo 6 days

Place of Death, {Give street and number.} Shelter St Orphan Asylum

Cause of Death, {First (Primary,) Gastro - enteritis

{Second (Immediate.)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem Thomas Opie *M. D.*

Medical Attendant.

Date of Burial, 19th Janu 1875

Undertaker, H. Jenkins & Son

Place of Business, 16 Light St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 376

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 16. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann. McKim.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 86 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Use her life

Place of Death, {Give street and number.} 45 Mount Vernon Place

Cause of Death, {First (Primary,) / Second (Immediate,)} Old Age

Duration of Last Sickness, About a week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 19th 1875

Wm. H. Timms M. D.
Medical Attendant.

Undertaker, Hen W. Jenkins & Co *Address* 71 Franklin St

Place of Business, Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 3771

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 12th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catherine E. Fox.

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 22 *Years,* ~~*Months,*~~ 16 *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, Wife of Thomas L. Fox,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, all her life.

Place of Death, { Give street and number. } 663 W. Baltimore St.

Cause of Death, { First (Primary,) Typhoid Fever.
Second (Immediate.) Bleeding Lungs.

Duration of Last Sickness, Three Days.

All the above information should be furnished by the Physician.

Place of Burial, Bellevue Cemetery J. W. A. G. Fox M. D.
Medical Attendant.

Date of Burial, January 14

Undertaker, J. B. Cook

Place of Business, No 767 W. Baltimore

Address 273 N. Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S

Permit No. 378,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 16th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Morris

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 5 *Months,* *Days.*

Color, colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} No 6 Price Court

Cause of Death, {First (Primary,) Pthisical by inheritance
Second (Immediate,) Pneumonia ? Exhaustion

Duration of Last Sickness, all life

All the above information should be furnished by the Physician.

Place of Burial, E. Potters field

Date of Burial, Jan 18th 1875

{*Undertaker,* Wm Donovan
Place of Business, 5 Bank St.

Edmund D Walker M. D.
Medical Attendant.
Coroner N. P. Dist
Address 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S

Permit No. 379.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Deborah Munroe

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ~~Fifty~~ Two (62) *Years,* Nine (9) *Months,* Twenty-five (25) *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, Midwife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St. Michaels Talbot Co. Md.

Duration of Residence in the City of Baltimore, About fifty Years (50)

Place of Death, {Give street and number.} 10 Rue St.

Cause of Death, {First (Primary,) Senile Decay

{Second (Immediate.) Cerebral Hydrocephalus

Duration of Last Sickness, Six or Eight Months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel

Date of Burial, Jan 19 1875

Undertaker, Thos. Locke

Place of Business, 39 S. Wolf St

G. Lawson Watkins M. D.
Medical Attendant.

Address 69 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 380

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Phillip Dignan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 8 *Days.*

Color, white *Sex,* ———

~~*Married, Single,* *Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 101 E. Eager Street

Cause of Death, {First (Primary,) ———

{Second (Immediate,) Convulsions

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent B.G. James A Steuart M. D.

Date of Burial, January 19th 1875 ~~Medical Attendant.~~ Cem of Heart & Lung

{*Undertaker,* Geo C. Bodemayer *Address*

{*Place of Business,* 38 Ensor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 281.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 19th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Ann Kiesner

Sex, Male or Female, {Cross on the word not required in this line.} ~~Male~~ Female

Age, Years, ——— Months, 14 Hours ~~Days.~~

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 14 Hours

Place of Death, {Give street and number.} 187 Elliot St. Baltimore

Cause of Death, {First (Primary,) Premature birth

{Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel. E J Williams M. D.

Medical Attendant.

Date of Burial, January 19th 1875.

{*Undertaker,* Patk. Grush *Address* 1133 E. East St.

{*Place of Business,* 265 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3821

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the denth of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18th January

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mabel Bunting

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 9 *Months,* 9 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, one month

Place of Death, {Give street and number.} 73 Hamburg

Cause of Death, { First (Primary,) Scarlet fever.
Second (Immediate,)

Duration of Last Sickness, 1 five days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan. 20, 1875

{ *Undertaker,* Armiger & Jenney
{ *Place of Business,* cor Baltimore & Eutaw sts

W. H. Wetherill M. D.
Medical Attendant.

Address 57 Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 383,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1895 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Dennis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~—~~ 77 *Years,* not known 4 *Months,* 11 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cooper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Rowlandsville, Cecil County Md. Living all but 65 years

Duration of Residence in the City of Baltimore, 8 Rock St

Place of Death, {Give street and number.}

Cause of Death, First (Primary,) Valvular disease of Heart

Second (Immediate,) General Dropsy

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cem

Date of Burial, Jan 19

Undertaker, C. H. Blizzard

Place of Business, 187 Lanvale St

Jas Heuisler M. D.
Medical Attendant.

Address 16 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

* This correction is Correct. C. H. Blizzard Undertaker

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 384,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18th of January 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Edward Charles Wiener III

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 30 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 36 Eastern Ave

Cause of Death, First (Primary,) Hereditary Taint of the Sec.

Second (Immediate,) Secondary Syphilis

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, 19th January

Undertaker, Michael Bunk, *Address* 245 E. Baltimore

Place of Business, No 35 Bank St

J. Mathias M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 385,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 18 1875 BALTIMORE

Date of Death, Jan 17th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Lindemann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 14 *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 25 Lancaster St Balto City

Duration of Residence in the City of Baltimore, 14 days

Place of Death, {Give street and number.} 25 Lancaster St.

Cause of Death, {First (Primary,) Spasms

Second (Immediate.) 3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, S Pauls Cemetery

Date of Burial, 17th

{*Undertaker,* Leonhard Kurr,

Place of Business, S. Bond St. Corr.

Thos. Kelly *M. D.*

Medical Attendant.

Coroner

Address Penn & Exeter Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 386.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 18 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles F. Maldfelde

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 42. *Years,* —— *Months,* 19 ½ *Days.*

Color, White *Sex,* Male

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 23. Stockholm.

Cause of Death, {First (Primary,) 26 year
Second (Immediate,) Strangulated Hernia.

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem Burying Ground Woodlawn Road Woodlawn Carter M. D.

Date of Burial, January 20th 1875 Medical Attendant.

Undertaker Julius Koehler *Address* 146 Hanover St

Place of Business Corner Charles & Cross Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 387

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 19 1895 BALTIMORE

Date of Death, January 18th 1895.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine L. Armstrong

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female.

Age, 38 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City / Life

Duration of Residence in the City of Baltimore, For

Place of Death, {Give street and number.} 221 Bank St.

Cause of Death, First (Primary,) Paralysis of the Heart

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetary (Edward Meier M. D.

Date of Burial, January 19th 1895 Medical Attendant.

Undertaker, L. Meier *Address* 143 S. Broadway

Place of Business,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 388,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Hoover

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Two Months, Twenty two Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 236 Balt St

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Cerebral Effusion

Duration of Last Sickness, Eighteen days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, January 20

Undertaker, Jacob Hess

Place of Business, *Address* 89 Balt St

W. G. Thom *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 389

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 18th day of January

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minna Marie Gesellenvetter

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, eighteen *Years,* nine *Months,* fourteen *Days.*

Color, white *Sex,* female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, lived with her parents

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Niller. Oberfranken. Bavaria. Germany lived 16 years in the United States

Duration of Residence in the City of Baltimore, 16 years.

Place of Death, {Give street and number.} 86 South Howard St. Baltimore Md.

Cause of Death, First (Primary,) Pulmonary Phtisis

Second (Immediate,) Pulmonary Insufficience.

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 20th

Undertaker, Fredt. H. Troll

Place of Business, 90 S. Howard St

H. Balzer M. D.
Medical Attendant.

Address 154 W. Lombard Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 390, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 19 1875 BALTIMORE.

Date of Death, January 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Brumley

~~Sex, Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 20 yrs.

Place of Death, {Give street and number.} 118 S. Regester

Cause of Death, {First (Primary,) Dyspepsia / Second (Immediate,) Gastritis

Duration of Last Sickness, 2 mos.

All the above information should be furnished by the Physician.

Place of Burial, Methodist ground Pine Road

Date of Burial, January 20th 1875

Undertaker, Hughes & Co

Place of Business, 65 S Broadway *Address* 117 S. Broadway

R. W. Mansfield *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 391

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 19 1875 BALTIMORE.

Date of Death, Jan'y 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances Mary Price,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, Several years,

Place of Death, {Give street and number.} No 84 Eighth st Balto City Md

Cause of Death, {First (Primary,) / Second (Immediate,)} Cancer of the Uterus.

Duration of Last Sickness, over 2 years,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Jan 21st

Undertaker, Richard Hall

Place of Business, 116 E Balto st

J. Ridgway Andrd M. D.
Medical Attendant.

Address No 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 392,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 18- 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Samuel Newman.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria.

Duration of Residence in the City of Baltimore, 38 years.

Place of Death, {Give street and number.} 82 E. Pratt St.

Cause of Death, First (Primary,) Brights Disease & Chronic Enteritis.
Second (Immediate,) Uraemia.

Duration of Last Sickness, 3 yrs. sick - 6 Mos. confined to his house.

All the above information should be furnished by the Physician.

Place of Burial, Light st. street burial ground

Date of Burial, January 20

Undertaker, Moses - Langyood

Place of Business, 87 Lough street *Address*

Jno. F. Powell. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 393,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 17th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Griffin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Wood - Cutter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 8 yrs.

Place of Death, {Give street and number.} 115 S. Dallas st

Cause of Death, First (Primary,) Erysipelas.

Second (Immediate,) Exhaustion

Duration of Last Sickness, Four weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 20 "1875

Undertaker, John Locks

Place of Business, Wolf St

Henry T. Reynolds M. D.
Medical Attendant.

Address 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3911

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 19 1875 BALTIMORE.

Date of Death, January 18th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Henry Gassaway

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* — six. — *Days.*

Color, Black. *Sex,* male.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, — — —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, six days.

Place of Death, {Give street and number.} 144. Preston Street.

Cause of Death, First (Primary,) Catarrh

Second (Immediate.) Bronchitis, Abscesses

Duration of Last Sickness, ~~Less~~ Forty eight hours.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, January 19th 75

Undertaker, James H Davis

Place of Business, No 12 Saratoga

J. Shotwell Townsend M. D.
Medical Attendant.

Address 216. N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 395

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 18th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Purnell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, Mulatto *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Washer & Ironer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co. Md

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} 76 Watson St. 76

Cause of Death, First (Primary,) Taking cold after being cupped

Second (Immediate,) Tetanus

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Dr. Connor attended the case. The above is from information

Place of Burial, Laurel Cemetery

Date of Burial, 19th Jan. 1875

Undertaker, Wm. H. Dunger

Place of Business, 104 East St.

Wm. Kelly *M. D.*
Medical Attendant.

Address Penn & Exeter Sts. Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3961

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 19. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Ann Matha

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Twenty (20) *Years,* *Months,* " *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, L. Lg

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Twenty Six Years

Place of Death, {Give street and number.} No 17 S. Caroline Street

Cause of Death, {First (Primary,) Heart Disease

{Second (Immediate,) Paralysis

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Jan 21

{*Undertaker,* J. H. Hamer

{*Place of Business,* Fayette St *Address*

Wm H. Glendinning, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Death or Stillborn, City of Baltimore,

Permit No. 397.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 19th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Israel Griffith

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, 75 *Years,* 5 *Months,* 2 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Retired Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Montgomery Co Md

Duration of Residence in the City of Baltimore, 63 years

Place of Death, {Give street and number.} No 435 Sharp St

Cause of Death, {First (Primary,) Paumonia

{Second (Immediate,)

Duration of Last Sickness, about 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jany 21st

Undertaker, John H. Weaver

Place of Business, 22 West Fayette St *Address*

Philip Jenkins, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3981

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1875 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Jan 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary L Robertson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 34 *Years,* 6 *Months,* 4 *Days.*

Sex, Female

Color,

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New Orleans La

Duration of Residence in the City of Baltimore, 4 Months

Place of Death, {Give street and number.} 49 N. Green St

Cause of Death, { First (Primary,) Puerperal Fever
Second (Immediate,)

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Felix Jenkins M. D.
Medical Attendant.

Place of Burial, Green Mount

Date of Burial, Jany 20th

Undertaker, John H Weaver

Place of Business, 22 Fayette St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

FORM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 399,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 19th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Howard Baldeston

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* 3 *Days.*

Color, White *Sex,* Mal.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} - 213. St Paul -

Cause of Death, {First (Primary,) Second (Immediate.)} Same Failure of digestive powers

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery F. E. Chatard Jr M. D.

Medical Attendant.

Date of Burial, 21st Jan 75

Undertaker, Hy W. Jenkins Son *Address* 114 Park Av

Place of Business, 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4100

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 20 1875 BALTIMORE.

Date of Death, January 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Elisabeth Gichard

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* — *Days.*

Color, white *Sex,* female

~~*Married,*~~ ~~*Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, born here

Place of Death, {Give street and number.} 186 Canton Avenue

Cause of Death, {First (Primary,) / Second (Immediate,)} Erysipelas ambulans

Duration of Last Sickness, since the first January 1875

All the above information should be furnished by the Physician.

Place of Burial, Slagels B. G

Date of Burial, January 21st

Undertaker, Parish

Place of Business, 186 Canton Ave

H. Hirl M. D.
Medical Attendant.

Address 102 S. Bond Str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 401

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Bonacker

Sex, ~~Male, or~~ *Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* 1 *Months,* 24 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bremen, Germany

Duration of Residence in the City of Baltimore, 12 years,

Place of Death, {Give street and number.} No. Sterrett Street

Cause of Death, First (Primary,) Chronic ulceration of gastro-intestinal muc. membr.

Second (Immediate.) Inanition.

Duration of Last Sickness, about 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Germany Trinity Church D. G.

Date of Burial, Jan. 21st 1875

Undertaker, Julius Koehler *Address* 23 S. Eutaw St.

Place of Business, Cor Sharp & Crofs. St.

H. C. Kloman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 402

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 19 January 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Jefferson Pallesen

Sex, Male ~~or Female~~; {Cross out the word not required in this line.}

Age, *Years,* 1 8 *Months,* *Days.*

Color, White *Sex,*

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 18 months

Place of Death, {Give street and number.} No 2 Miller St

Cause of Death, {First (Primary,) Double Pneumonia / Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bath Cem'y

Date of Burial, Jany 21st 1875

Undertaker, Wm. H. Hellman

Place of Business 234 N. Gay st

Wm. L. Russell M. D.
Medical Attendant.

Address Cor Broadway & Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 403, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 1875 BALTIMORE.

Date of Death, January 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anne Clark

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 60 *Years,* *Months,* *Days.*

Color, white *Sex,*

~~Married, Single~~, *Widow* ~~or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, twenty years

Place of Death, {Give street and number.} Union Prot. Infirmary, Division st

Cause of Death, First (Primary,) Cardiac disease

Second (Immediate,) General dropsy

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Loud P. Ch

Date of Burial, January 20th 1875 Chas Fawcett M. D.

Medical Attendant.

Undertaker, Andrew Leily

Place of Business, 118 Druid Hill Av *Address* U. P. Infirmary & 93 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4044

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 19th — 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Henry Harrison

~~Sex,~~ *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 59 *Years,* —— *Months,* 20 *Days.*

Color, *Sex,* male

~~*Married, Single, Widow*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Tobacconist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York City

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give street and number.} Gibbon's Hotel Balto. City

Cause of Death, {First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery *Joseph E. Clapp* M. D.

Medical Attendant.

Date of Burial, Jany 21st 1875

Undertaker, W. J. Tickner *Address* 18 S. Eutaw St

Place of Business, 65 S. Eutaw St Balto Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 405

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 19 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Hubb

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~7~~ *Years,* Ten *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 232 Cent. Aven.

Cause of Death, First (Primary,) Tubere. Meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Cem. Abram B Arnold M. D.

Medical Attendant.

Date of Burial, January 21st 1875

Undertaker, W Wood Jr *Address*

Place of Business, 30 Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 406,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 20 1875 BALTIMORE

Date of Death, January 19 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Heinz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* 18 *Days.*

Color, White *Sex,* male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 362 S. Charles St

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Cervical Cellulitis

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 21st 1875

Undertaker, Julius Koehler *Address* 154 Sharp St

Place of Business, Cor. Sharp & Cross St

D. [illegible] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 407

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 20 1875 BALTIMORE

Date of Death, Jan. 3d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Schiffer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 Years, 6 Months, Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 76½ Mulberry St

Cause of Death, {First (Primary,) Scarlet Fever

{Second (Immediate,) Nephritis with Albuminuria.

Duration of Last Sickness, eight weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, 5th January

Undertaker, H. Borgmann

Place of Business, 45 Glay St

Dr. Jenkins Felt Parker M.D.

Address Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4087

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 20 1875 BALTIMORE.

Date of Death, January 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James W. [illegible]

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Twenty 20 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co Maryland

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, {Give street and number.} West St No 151 Baltimore

Cause of Death, First (Primary,) Diphtheria and

Second (Immediate.) Typoid Fever

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 21st 1876

Undertaker, S. M. Chase

Place of Business, No 198 S. Howard St *Address*

L. A. Boyer *M. D.*
Medical Attendant
No 114 West St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4191

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1875 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Janury 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Snell

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* 26 *Months,* *Days.*

Color, Black *Sex,*

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and number.} 255 Hughes Street

Cause of Death, {First (Primary,) Typhoid Fever

Second (Immediate,) 12 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Jewish Cemetery *O. A. Cooke* *M. D.*

Date of Burial, January 22nd. 1875 Medical Attendant.

Undertaker, S. M. Chase

Place of Business, No 194 S. Howard St *Address* Cor Lee & Howard sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4710,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elleanor Cornish

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Eighty Years, Months, Days.

Color, Colored Sex, Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Washer woman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co. Maryland Sit was

Duration of Residence in the City of Baltimore, Baltimore, West St. No 151

Place of Death, {Give street and number.}

Cause of Death, First (Primary,) Pleurisy and Pneumonia

Second (Immediate,) Bronchitis

Duration of Last Sickness, Seven Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 21st 1875

Undertaker, S. M. Chase

Place of Business, 181 S. Howard *Address*

H. H. Boyer M. D.

Medical Attendant

No 156 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4111

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1875 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Jan. 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Hu[illegible]

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Thirty three Years, Four Months, Twenty three Days.

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Milliner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 115 Aisquith St. Baltimore Md.

Cause of Death, {First (Primary,) Consumption

{Second (Immediate.) Twenty two months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery Erwin L. Jones M. D.

Date of Burial, January 21st 1875 Medical Attendant.

{*Undertaker,* Wm H. Kuckman Address 16 Aisquith St. Balt.

{*Place of Business,* 16 234 & 90

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Permit No. 412

Register, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 20 1875 BALTIMORE

Date of Death, 7-10 a m Jan 20th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Virginia Fitchburn

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 3 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Portsmouth Va

Duration of Residence in the City of Baltimore, 10 Yrs

Place of Death, { Give street and number. } 207 N Carolin St

Cause of Death, { First (Primary,) } Phthisis Pulmonalis
{ Second (Immediate,) } Debility 1-2 months

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 21st 1875

Undertaker, Wm H. Hickman

Place of Business, 2341 Jay *Address*

W. J. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 413,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 20 1875 BALTIMORE

Date of Death, Jany 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria L Crapster

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 44 *Years,* 5 *Months,* 24 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, About 25 years

Place of Death, {Give street and number.} Cor Calhoun & Hollins Balt

Cause of Death, {First (Primary,) Consumption (pulmonary)
{Second (Immediate,)

Duration of Last Sickness, Two or three years

All the above information should be furnished by the Physician.

Place of Burial, Lloyds Point Cemt

Date of Burial, Jan 22 nd

Undertaker, John I Rodenmyer

Place of Business, 102 E Monument *Address* 53 N Paca St Balto

M. Hammond M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4141

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 19th January 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John L. Granger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* 1 *Months,* 2 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Sexton

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 77 Mulberry St.

Cause of Death, {First (Primary,) Heart disease Organic Mitral Valve

Second (Immediate,)

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 21st 1875

Undertaker, Jacob Weaver

Place of Business, Nos 4 & 6 Druid Hill Ave *Address*

D. W. Deaver *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6715

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20th January 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Jane Moore

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 8 *Months,* *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York State

Duration of Residence in the City of Baltimore, 2 years & Six Months

Place of Death, {Give street and number.} 278 N Durham St

Cause of Death, {First (Primary,) Scarlatina / Second (Immediate,)

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Ball Cemetery

Date of Burial, Jany 21

{*Undertaker,* Wm Fry / *Place of Business,* N. Broadway 54

William L. Russell M. D.
Medical Attendant.

Address cor Broadway & Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 416

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 20 1875 BALTIMORE.

Date of Death, Jan 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant Son of Charlotte & Saml Co...

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, "3 Hours" ~~Years,~~ ~~Months,~~ ~~Days.~~

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 3 Hours

Place of Death, {Give street and number.} 129 N Bond St

Cause of Death, {First (Primary,) Premature Birth (7th month)

Second (Immediate,)

~~*Duration of Last Sickness,*~~ Cause of Miscarriage Not definately known.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 20th

D. M. Cathell M.D. M. D.
Medical Attendant.

{*Undertaker,* G. C. Rodenmeyer

Place of Business, 38 Ensor St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 417

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 20 1875 BALTIMORE.

Date of Death, 19 January 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. Washington

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 52 *Years,* 1 *Months,* 19 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Has always lived here

Place of Death, {Give street and number.} No. 41 Stirling St.

Cause of Death, {First (Primary,) Typhoid Pneumonia

Second (Immediate,) Eleven (11) days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetg

Date of Burial, January 19th 1875

Alexander Hill M. D.
Medical Attendant.

Undertaker, Wm. Buckman

Place of Business, No 2341 Jay [illegible] *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty [illegible]e Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish [illegible]n forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate [illegible]r forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person [illegible]d, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4181

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stephen Heath

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, ~~*Single*~~, ~~*Widow*~~ or *Widower,* {Cross out the words not required in this line.} Widower

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England - about 17 yrs. in U. S -

Duration of Residence in the City of Baltimore, Three or 4 Years

Place of Death, {Give street and number.} St Josephs' Hospital

Cause of Death, { First (Primary,) Exposure
Second (Immediate,) Pneumonia

Duration of Last Sickness, 22 days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Jan 24

{ *Undertaker,* James O Byrne
Place of Business, No 63 North Green

Oscar J. Cox, M. D.
Medical Attendant.

Address St Josephs Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 419

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan, 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Wadkins Keaver 4 yrs

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 8 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 82 S Edenst Balto.

Duration of Residence in the City of Baltimore, 8 yrs.

Place of Death, {Give street and number.} No 82 S Edenst Balto

Cause of Death, {First (Primary,) Pneumonia Ascendens,
Second (Immediate.)

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Methodist Burying Ground Hollins Ave

Date of Burial, Jan 22 1875

Undertaker, Nelson Hall

Place of Business, 196 E Baltimore St

J. Ridgway Andre M. D.
Medical Attendant.

Address No 121 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Death or Stillbirth, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 420

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 19th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Madgie Glenn

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 23 — *Years,* — *Months,* — *Days.*

Color, White *Sex,* Single

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Dressmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} Hunters Alley rear of John Lehmer Nrth and Lt Paul between — (Phthisis)

Cause of Death, {First (Primary,) Second (Immediate,)} " "

Duration of Last Sickness, Eight Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Lutheran — *M. D.*

Medical Attendant.

Date of Burial, 22 January

{*Undertaker,* John J Rodmayer *Address* 1332 Eutaw
{*Place of Business,* 102 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 421

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 21 1875 BALTIMORE

Date of Death, January 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Irvin McLaughlin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Sixteen *Years,* Six *Months,* Thirteen *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Tobacconist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, His whole life

Place of Death, {Give street and number.} 57 N Paca St

Cause of Death, First (Primary,) Cold contracted from exposure

Second (Immediate,) Pulmonary Consumption

Duration of Last Sickness, Eleven Months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem

Date of Burial, January 22 1875

Undertaker, Jacob Wiener

Place of Business, *Address* 57 N Paca St

W Hammond M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1227

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of ~~said~~ deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah. Ellen Capes.

Sex, Male or Female, {Cross out the word not required in this line.} female —

Age, Two — *Years,* four *Months,* — *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} Baltimore. 169 S. Pratt

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) do —

Duration of Last Sickness, 10 days —

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 21st 1875

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

H. S. Johnson M. D.
Medical Attendant.

Address 86. S. Forsyth St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1223.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannie Bell Tooker

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 10 *Years,* 3 *Months,* — *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bell Point Long Island New York.

Duration of Residence in the City of Baltimore, All Years.

Place of Death, {Give street and number.} S. Eden near Lombard

Cause of Death, {First (Primary,) Baltimore Malignant

{Second (Immediate,) Exhaustion

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 22nd 1875

{*Undertaker,* Hughes & Co

{*Place of Business,* 66 & Broadway

Thos. H. Stevenson — M. D.
Medical Attendant.

Address 1838 Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore.

Permit No. 1224

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 21 1875 BALTIMORE

Date of Death, January 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant of Julia Davis Col'd.

Sex, Male or Female, {Cross out the word not required in this line.} female.

Age, ——— *Years,* ——— *Months,* 1 day 5 *Days.*

Color, Black *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 1 days.

Place of Death, {Give street and number.} 139 Wilcox Alley

Cause of Death, {First (Primary,) ——— Second (Immediate,) Inanition

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan'y 20 1875

Undertaker, Sam'l W Chase.

Place of Business, 198 Howard St

James A Steuart M. D.

~~Medical Attendant~~

Address Cor. of Sixth

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 425,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Brent Gyo

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years* 1 *Months* 25 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Cor East Monument & Gist Sts

Cause of Death, {First (Primary,) Scarlet fever

Second (Immediate,) Diphtheria

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Jany 22 1875

Undertaker, Matthias & Davis

Place of Business, 74 S Broadway

Thomas Shearer M. D.
Medical Attendant.

Address 97 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 426,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Mueller

Sex, Male or Female, {Cross out the word not required in this line.} Boy

Age, Years, Months, 1, 13 Days.

Color, White *Sex,* Boy

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 85 Lancaster St

Duration of Residence in the City of Baltimore, 13 days

Place of Death, {Give street and number.} 75 N. Bethel St

Cause of Death, First (Primary,) Spasms

Second (Immediate.) 2 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 21st of Jan 1875

Undertaker, Francis Cramer

Place of Business, 219 Canton av.

Chas. Kelly M. D.
Medical Attendant.
Coroner

Address Town & Eastern Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1427

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} James Duncan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow, Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England. 20 Years in U. S.

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, {Give street and number.} Washington Univ Hospt

Cause of Death, First (Primary,) Phthisis Pulmonalis.

Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, Jany 21st 1875

Undertaker, Wm Donovan

Place of Business, 57 Bank St

Geo R Reynolds — M. D.
Medical Attendant.

Address Washington Univ Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4281

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 20th 9. P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Fleckenstein

~~*Sex, Male,*~~ *or Female,* {Cross out the word not required in this line.} female

Age, 2 *Years,* 8 *Months,* 25 *Days.*

Color, white *Sex,* female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 16. N. Chapel st.

Cause of Death, {First (Primary,) / Second (Immediate.)} Scarlatina

Duration of Last Sickness, six days

All the above information should be furnished by the Physician.

Place of Burial, N. Aisthonians Graveyard *Date of Burial,* January 22nd 1875

Pierre G. Dausch M. D.
Medical Attendant.

Undertaker, H. H. Glenmyer *Place of Business,* 341 Canton Av.

Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4291

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Pierman

Sex, Male or Female, {Cross on the word not required in this line.} .....

Age, 2 *Years,* 4 *Months,* 5 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} In York St Below Light

Duration of Residence in the City of Baltimore, Bro 820 Chesapeake St

Place of Death, {Give street and number.}

Cause of Death, {First (Primary,) Laryngitis
Second (Immediate.) Croup

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks *Date of Burial,* 21st January 1875 E. D. W. Cleary M. D. Medical Attendant.

{*Undertaker,* H. A. Tennyey *Address* 1508 E. East St
Place of Business, 341 Canton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 430,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan'y 19th 1875. 8½ P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John G. Killian

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 79 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 34 years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 64 South Bond St.

Cause of Death, {First (Primary,) Cold. Second (Immediate,) General Congestion (no reaction.)

Duration of Last Sickness, 48 Hours.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, Jan 21. 1875

Undertaker, Peter Frey

Place of Business, 91 Eastern Ave

Dr. J. J. Cockrill. M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 431,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Harris

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* Ten *Days.*

Color, Black *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 70 N. Dallas St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 70 N. Dallas St

Cause of Death, {First (Primary,) Premature Birth
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudel Cimitory

Date of Burial, Jan 21 1875

Undertaker, William Aborge

Place of Business, No 104 East St *Address*

A. A. Jones *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 432,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1875 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, January 19th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Thompson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Fifty nine *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Washer woman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co Maryland

Duration of Residence in the City of Baltimore, Forty two Years

Place of Death, {Give street and number.} Rose alley No 4

Cause of Death, First (Primary,) Asthma and

Second (Immediate.) Cardiac Disease

Duration of Last Sickness, Eighteen Days

All the above information should be furnished by the Physician.

Place of Burial, Samuel Cemetery

Date of Burial, January 22nd 1875

Undertaker, S. W. Chase

Place of Business 1198 S. Monroe St

L. D. Boyer M. D.
Medical Attendant.

No 146 Hill St
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 433,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Thomas Adams

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* ——— *Days.*

Color, Black *Sex,* male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 3 Dolphins Alley

Cause of Death, First (Primary,) ———

Second (Immediate.) Bronchitis

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 22nd

Undertaker, S. W. Chase

Place of Business, 198 S. Howard St *Address*

James A Steuart M. D.
~~Medical Attendant.~~
Coroner Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4341

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany. 21. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Furlong

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Return 99 90 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Widow ~~er~~

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Co Md Return 50 to 60 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 112 Pearl St

Cause of Death, {First (Primary,) old age

{Second (Immediate,) Diarrhea

Duration of Last Sickness, not over 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery W. F. Kemp *M. D.*

Date of Burial, Jan 1875 Medical Attendant.

{*Undertaker,* Mc Comb Bro *Address* 55 N Gay St

{*Place of Business,* 131 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 435

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 21st, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Keister

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Mechanic (Worked in Wilkins Hair Factory)

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 59 Bantalee St

Cause of Death, First (Primary,) Peritonitis

Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Bethlehem Cemetery Geo H. Dare M. D.

Date of Burial, Sunday 24 Inst. Medical Attendant.

Undertaker, John P. Sanders *Address* 91 Frederick Ave

Place of Business, Sunday Inst 1866. Balt Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

436

Permit No. 431,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 20th 1875 about 11 PM

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Strauss

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~47~~ 50 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow, or Widower~~ {Cross out the words not required in this line.}

Occupation, Blacksmith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria, Europe.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 32 Union St

Cause of Death, {First (Primary,) / Second (Immediate.)} probably perforation of Intestine?

Duration of Last Sickness, about 12 hours.

All the above information should be furnished by the Physician.

Place of Burial, ~~Andrew Leitz~~ Mount Olivet Cemetery

Date of Burial, Jan 22nd 1875 - 10 Am

R Winslow M. D.
Medical Attendant.

Undertaker, Andrew Leitz

Place of Business, 118 Druid Hill Av *Address* 23 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

437

Permit No. 437

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 21 Jan. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Maria Magdalena Collenberg

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 79 *Years,* 10 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Westphalen, City of Hildburg

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 184 S. Smith

Cause of Death, {First (Primary,) Old Age

{Second (Immediate,) Paralysis of the Lungs

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, St. Ursulas Cemetery

Date of Burial, ~~Sund 17th~~ Jan 23rd

Undertaker, Wendelin Diffenderffer

Place of Business, Pond 151 *Address* 245 S. Baltimore st.

J. Kuthin M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

438

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 438,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 20 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} R. Price

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Seventy Six *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, Fifteen years

Place of Death, {Give street and number.} 264 Hollins St

Cause of Death, First (Primary,) Disease of the Liver

Second (Immediate,) Disease of the Heart

Duration of Last Sickness, Twenty One days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 22 1875

Undertaker, Hughes & Co

Place of Business, 68 South Broadway

Thomas Shearer M. D.
Medical Attendant.

Address 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 439.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

439

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 439.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida K. Hanck

HEALTH DEPARTMENT JAN 22 1875 BALTIMORE

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* — *Months,* *Days.*

Color, White. *Sex,* Female.

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Dun's life.

Place of Death, {Give street and number.} 295 E. Eager St.

Cause of Death, First (Primary,) Childbirth.

Second (Immediate,) Puerperal Fever.

Duration of Last Sickness, Nine days.

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Jany 24th 1875

J. W. Hanck M. D.
Medical Attendant.

{*Undertaker,* John H Weaver
Place of Business, 22 West Fayette St Address 75 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

440

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 440

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 22 1875 BALTIMORE.

Date of Death, January 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward C. Bullock

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, [redacted] *Years,* 16 *Months,* 3 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 661 West Lombard Street

Cause of Death, {First (Primary,) Scarlet Fever

{Second (Immediate,)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery J. C. Richardson M. D.

Date of Burial, Jany 22nd 1875 Medical Attendant.

Undertaker, John H Weaver *Address* 362 W. Lombard Street

Place of Business, 22 West Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

441

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 441

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 22 1875 BALTIMORE.

Date of Death, January 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Henry Jones

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* — *Months,* 4 *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, One year & 4 days

Place of Death, {Give street and number.} Chesnut Alley No 93

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Consumption

Duration of Last Sickness, About 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Forest Cemetery

Date of Burial, Jan 19th 1875

Undertaker, Wm J Gore

Place of Business, 63 Hanover St

Mackall Coroner M. D.
Medical Attendant.

Address 321 Walnut Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3442

442

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 22 1875 BALTIMORE.

Date of Death, January 21st 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Lawrence

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* ~~Months,~~ Twenty minutes ~~Days.~~

Color, White *Sex,* Female

~~Married~~, *Single*, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 20 minutes.

Place of Death, {Give street and number.} Carrollton Hotel

Cause of Death, {First (Primary,) Protracted labor
Second (Immediate.) Exhaustion.

Duration of Last Sickness, Her lifetime.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem *Christopher Johnston* M. D.
Medical Attendant.

Date of Burial, 22d Jany 75

Undertaker, Hugh Jenkins & Son *Address* No. 82 Franklin St.

Place of Business, 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

443

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 443,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 22 1875 BALTIMORE.

Date of Death, January 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Margaret Bingel

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* 9 *Months,* 14 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Nineteen years

Place of Death, {Give street and number.} 84 Frederick Avenue

Cause of Death, First (Primary,) Inflammatory Rheumatism.

Second (Immediate,) General debility. Bedsores etc.

Duration of Last Sickness, ~~Four~~ Three months -

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 23 Jany

Undertaker, John P Lawler

Place of Business, Front Ave

W. G. Register M. D.
Medical Attendant.

Address 845 W Baltimore St

66

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4414

11414

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 22 1875 BALTIMORE.

Date of Death, January 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth A. Bean

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 52 *Years,* 9 *Months,* 10 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, One Year.

Place of Death, {Give street and number.} 33 N. Exeter St.

Cause of Death, {First (Primary,) Valvular Dis. of Heart. (Mitral & Aortic) Second (Immediate,) Pulmonary Engorgement.

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 23rd 75

J. H. P. Yates, M. D.
Medical Attendant.

{*Undertaker,* In A. Neaves.
{*Place of Business,* 22 N. Fayette St. *Address* 73 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1455 1445

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 22 1895 BALTIMORE

Date of Death, January 21st 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Albert Mallet

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* ——— *Days.*

Color, Black *Sex,* male

~~*Married*~~, ~~*Single*~~, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 233 West Shut

Cause of Death, First (Primary,) Dropsy

Second (Immediate,) Spasms

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Chas St. B. G

Date of Burial, January 22nd

Undertaker, I. W. Chase

Place of Business, Howard St *Address*

James A. Steuart M. D.
~~Medical Attendant.~~
Com of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 446

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

446

HEALTH DEPARTMENT JAN 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 21st 187

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaretta Eck

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 75 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, Widow ~~or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Hesse Darmstadt, Germany

Duration of Residence in the City of Baltimore, 17 years

Place of Death, { Give street and number. } 98 Eastern ave

Cause of Death, { First (Primary,) old age
Second (Immediate.) Cough
3 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, Jan 23. 1875

{ *Undertaker,* Peter Frey
Place of Business, 91 Eastern Ave

Thos. Kelly M. D.
Medical Attendant.
Coroner

Address Fleet & Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4471

OFFICE OF REGISTRAR OF VITAL STATISTICS.

4471

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 22 1875 BALTIMORE

Date of Death, Jany 21st 1875—

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca A Wiley

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, W *Sex,* F

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Restaurant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Past Birth

Place of Death, {Give street and number.} No 27 West Fayette

Cause of Death, First (Primary,) Intemperance

Second (Immediate,)

Duration of Last Sickness, between 3 & 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jany 22nd 1875—

Undertaker, John F. Weaver.

Place of Business, 22 W. Fayette St.

J Ridgway Rhodes M. D.

Medical Attendant.

Address No 1218 Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS. 478

Permit No. 4181

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Webb

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} .....

Age, 1 Years, 4 Months, 18 Days.

Color, White *Sex,* male

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Since

Place of Death, {Give street and number.} 74 St Peters st

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,) 12 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon County Jas H Feeney M. D.

Date of Burial, January 23 1875 Medical Attendant.

{*Undertaker,* John L Thacher *Address* 76 Place

{*Place of Business,* No 15 E Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1119 449

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 21 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Virginia Murphy Col'd

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 11 *Years,* 5 *Months,* 11 *Days.*

Color, Black *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} W. 3 Bruce St

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Hollowsfield

Date of Burial, Jan 23 1875

Undertaker, M. C. Perry

Place of Business, 1148 W Pratt. *Address*

Edward L. Leonard, M. D.
Medical Attendant

Com of M. & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

450

Permit No. 450

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Furchtenicht (Twin)

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 14 *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 6 Hull Street

Cause of Death, {First (Primary,) / Second (Immediate.)} Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Union Ch. Cemetery

Date of Burial, Jan 22nd 1875

Undertaker, Caspar Eckhart

Place of Business, 269 Canton Ave *Address*

James H Lenart M. D.
~~Medical Attendant~~ Coroner's Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 467 451

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 20th 11:30 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Blake

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 10 *Months,* 15 *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Caroline St near Lombard Balto

Duration of Residence in the City of Baltimore, 22 Months

Place of Death, {Give street and number.} 81 S. Bethel

Cause of Death, First (Primary,) Fall on the Head Inflamation of

Second (Immediate.) Brain

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, January 22

Undertaker, Thodore Locks

Place of Business, 64 South Wolf st

James E. Daniels M. D.
Medical Attendant.

Address 299 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

452

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 452,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21 Jan 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Jane Cox

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* 9 *Months,* 17 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, {Give street and number.} 174 McHenry

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Petersburg Va Jno R. Curran M. D.

Date of Burial, Sunday 24th Medical Attendant.

Undertaker, Jos. Towne Address N.W. Co Collins & Gilmor

Place of Business, 568 West Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. B 4-53

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

453

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 453,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 22 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William P. Gallegan Virginia J. Gallegan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 1 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 112 Hamilton St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 112. Hamilton St

Cause of Death, {First (Primary,) / Second (Immediate,)} Premature Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral cemetery

Date of Burial, January 23rd 1875

Undertaker, Charles R Bond

Place of Business, 141 Hanover St

Theodore Cook M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 454

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

454

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1574,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 22 1875 BALTIMORE.

Date of Death, Jan 22d 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Maloy

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 64 Republican st

Cause of Death, {First (Primary,) Pneumonia — —
Second (Immediate,)

Duration of Last Sickness, Five days — —

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Sunday Jan 24th

Stu D Pennington M. D.
Medical Attendant.

Undertaker, F. B. Cook

Place of Business, 707 W. Baltimore St. *Address* 210 Franklin st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

1

Permit No. 455,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1
455

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 22 1875 BALTIMORE.

Date of Death, January 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Albert

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} Little Second St. No 6

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, January 23d 1875

Undertaker, Dr. Byrne.

Place of Business, 62 N. Front St. *Address* 96 N. High St.

C. H. Williams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 456

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

456

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 22 1875 BALTIMORE

Date of Death, Jany 22d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Schlich[illegible]ger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* 1 *Months,* 8 *Days.*

Color, White *Sex,* female

Married, ~~Single,~~ ~~Widow~~ or ~~Widower,~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kingdom of Wurtemberg

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 7 Cook alley

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,)

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, Jan. 24th

Undertaker, H Brill

Place of Business, Henrietta Street

H Buckler M. D.
Medical Attendant.

Address 154 Shark

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 457 1/

OFFICE OF REGISTRAR OF VITAL STATISTICS.

457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edw'd. & Rosa Infants

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ Twos *Months,* one *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Two Months

Place of Death, {Give street and number.} 153 Aisgth st

Cause of Death, {First (Primary,) Not Known

{Second (Immediate,) died unexpectedly & was not seen by a physician

Duration of Last Sickness, About Seven hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Jan 23d/75

Undertaker, Geo. Shilling

Place of Business, No 212 E Monument st or Aisgwith st

A. Martinau M. D.
Medical Attendant.

Address 305 N. Caroline st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 458. 458

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John Monk

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford County

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Home & the Infirmary

Cause of Death, First (Primary,) Lobular Pneumonia

Second (Immediate,) Convulsions

Duration of Last Sickness, About three weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery J. C. Atkinson M. D.

Date of Burial, January 23rd 1875 Medical Attendant.

Undertaker, Jacob Weaver *Address* 209 W. Baltimore St

Place of Business, Nos 476 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS. 459

Permit No. 459.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 22d. 9 A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jos. Leary

Sex, Male or ~~Female~~, {Cross on the word not required in this line.}

Age, Years, 3 Months, 10 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, ~~Never Changed~~ Born 10th

Place of Death, {Give street and number.} N. E. Cor. Hampden & Stallo

Cause of Death, {First (Primary,) Sanitum. a very much de-
Second (Immediate,)} formed child, unable from birth,

Duration of Last Sickness, =

All the above information should be furnished by the Physician.

John F. Mcnamara M. D.
Medical Attendant.

Place of Burial, Holly Cross

Date of Burial, Jan 23 1875

Undertaker, George C Rodeman

Place of Business, 38 Bush St

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 460,

460

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} James L. Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 189 E. Pratt St.

Cause of Death, {First (Primary,) Chronic Croup

{Second (Immediate,) Asphyxia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 23rd 1875

{*Undertaker,* Mathias A. Dargi

{*Place of Business,* 74 S. Broadway

G. Glanville, Res {M. D. Medical Attendant.

Address H. E. Co. Balto Washington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 461 461

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Jane T. Rob

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 8 Essex st. Balt. City

Cause of Death, {First (Primary,) Cardiac disease / Second (Immediate,) Anasarca.

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, January 25. 1875

{*Undertaker,* Mathias A Daige / *Place of Business,* 74 S. Broadway

G. Glanville Rusk M. D.
Medical Attendant.

Address Balt. & Washington, st,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 462

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas L Bryan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 22 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Huckster & Grocer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Patapsco Neck Balto Co. Md

Duration of Residence in the City of Baltimore, eleven years

Place of Death, {Give street and number.} 24 S. Christopher

Cause of Death, First (Primary,) Pneumatic fever Succeeded by

Second (Immediate,) Typhoid Pneumonia

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 25. 1875

Undertaker, Matthias A. Dayn

Place of Business, 74 S Broadway

James E. Emmitt M. D.
Medical Attendant.

Address 199 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 463,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 22nd January 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anne E. Wiley

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 44 *Years,* 6 *Months,* — *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation, No.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, 4 years.

Place of Death, {Give street and number.} Balt. 306 E Balto St

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,) 4

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery J. H. Wallace M. D.

Date of Burial, 24 Jan 1875 Medical Attendant.

{*Undertaker,* Hughes & Co

{*Place of Business,* Balt. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 464

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE.

Date of Death, Jan 22nd. 75.

Full Name of Deceased, {Write legibly and spell correctly. If an infant out named, give names of parents.} Lizzie D Zirker.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 8 *Years,* 4 *Months,* *Days.*

Color, White — *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Flushing Long Island N. Y.

Duration of Residence in the City of Baltimore, 8 years.

Place of Death, {Give street and number.} Eden st Near Linwood.

Cause of Death, First (Primary,) Scarlet fever.

Second (Immediate,) Congestion.

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 23rd 1875.

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

Lester Stonesifer M. D.
Medical Attendant.

Address 133 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...ues issued, Saturday of each

No. 4165.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 4165.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE.

Date of Death, January 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Pratt

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Two (2) *Years,* Nine *Months,* & five *Days.*

Color, Fair *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow*~~ or ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, At Nurse

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Govanstown Baltimore County

Duration of Residence in the City of Baltimore, Three years.

Place of Death, {Give street and number.} 166 North Broadway.

Cause of Death, First (Primary,) Malignant Scarlet Fever.

Second (Immediate.) Diphtheria, Brain Congestion & Spasm

Duration of Last Sickness, Three 3 Days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Buriad, Jan 25th 1875

M. D.
Medical Attendant.

Undertaker, Murphy

Place of Business, 54 N Broadway *Address* 125 North Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 466

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, January 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dorothea Stahl

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* 11 *Months,* 8 *Days.*

Color, *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany (Posen)

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} Leadenhall Str. No 117

Cause of Death, {First (Primary,) Pneumonia
{Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, Jan 24th 1875

Adolph Boehm, M. D.
Medical Attendant.

{*Undertaker,* Julius Koehler
{*Place of Business,* Cor Sharp & Crosby Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 467.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 23rd Jan 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Abigail P. Butt

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Norfolk Co. Va

Duration of Residence in the City of Baltimore, Five yrs.

Place of Death, {Give street and number.} 27 E. Chester

Cause of Death, First (Primary,) Pleuropneumonia

Second (Immediate.) Effusion of serum

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Meth. Bury. ground, Loudl Pk. G. Glanville Rust M. D.

Medical Attendant.

Date of Burial, Jan 24 1875

Undertaker, Armstrong & Perry

Place of Business, Eight St Address Balt. & Washington Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 4468

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4468.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE

Date of Death, January 22d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen C[illegible]

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Two ~~Three~~ Months, Twenty Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 42 Smith Ave

Cause of Death, {First (Primary,) Catarrh. Pneumonia / Second (Immediate,)

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, J. F. Peters

Date of Burial, Saturday Jan 23d

Undertaker, J. B. Cook

Place of Business, 707 N Baltimore St.

A. H. Leplow M. D.
Medical Attendant.

Address Lexington Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Baltimore will make ... tion issued, Satur...

No. 1169

The Special Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 469.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 22 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Loughlan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Sixty-four *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.} Widower

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Forty years

Place of Death, {Give street and number.} 64 S Exeter St Balto.

Cause of Death, First (Primary,) Diseases of Joints - Hypertrophia

Second (Immediate,) Exhaustion

Duration of Last Sickness, About six months

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemty

Date of Burial, Jan 25th 1875

Undertaker, Jos F Byrne

Place of Business, 59 n Liberty St *Address* 187 Hanover St Balto.

Richard Mushenz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Baltimore will make returns of all D... once [illegible], Saturday of each week

No. 470

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 470.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Riddle

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 60 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Pressman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, Fifty Eight Years.

Place of Death, {Give street and number.} No. 105 North Broadway

Cause of Death, {First (Primary.) / Second (Immediate.)} Pneumonia

Duration of Last Sickness, Eight Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, January 24th 1875

{*Undertaker,* John Meaden / *Place of Business,* No 150 Camden} *Address*

W. H. [illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1171

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 1171

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Inn. E. B. Jansen

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, *Years,* Three *Months,* Two *Days.* eight

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Mount & Lemmon sts

Cause of Death, { First (Primary,) Constipation
Second (Immediate,) Convulsions
Three days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

James E. Smith M. D.
Medical Attendant.

Place of Burial, St Alphonsis Ground

Date of Burial, 18 Jan 1875

Undertaker, Peter Kumert

Place of Business, 317 Mulberry st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Office whence issued, Saturday of each wee

No. 472.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 472,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE

Date of Death, January 22 — 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Berndine Schomberg.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* 2 — *Months,* 6 — *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city.

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 81. Granby 2tr —

Cause of Death, First (Primary,) consumption —

Second (Immediate.) do —

Duration of Last Sickness, about three months.

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cemetary

Date of Burial, 23d Jan

Undertaker, George Hoelbeck

Place of Business, 339 Eastern ave

G. D. Johnson M. D.
Medical Attendant.

Address 86. E. Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

TOVER.

The City of Baltimore will make returns of all D
office whence issued, Saturday of each week

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 1173.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 473,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE

Date of Death, January 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Wrudel,

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 Year, 5 Months, 23 Days.

Color, White *Sex,* Female,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Washington Road, near Gwynns Falls,

Cause of Death, {First (Primary),} Diphtheria,
{Second (Immediate.)}

Duration of Last Sickness, 18 hours,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 24th 1875

{*Undertaker,* Charles E. Worrall

{*Place of Business,* 111 Monument St.

John D. Ritzer, M. D.
Medical Attendant.

Address 273 W. Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Cemeteries in City of Baltimore will make returns to the Office whence issued, Saturday of each

No. 4734

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 474

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE

Date of Death, January 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give name of parents.} Williams Jones

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* Three *Days.*

Color, White *Sex,* Male

~~*Married,* Single, *Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Three Months

Place of Death, {Give street and number.} 60. Pearl

Cause of Death, First (Primary,) Croup

Second (Immediate,) Apnoea

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Cem

Date of Burial, Jan 18th 1875

Sindlay Elliott M. D.
Medical Attendant.

Undertaker, J. W. Lowe

Place of Business, 76 Balt [illegible] *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Office whence issued, Saturday of each week.

No. 475

Board of Health, City of Baltimore,

Permit No. 475,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE

Date of Death, January 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susannah Sinton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, fifty *Years,* four *Months,* six *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Lifetime

Place of Death, {Give street and number.} N. 233 North Central Avenue

Cause of Death, {First (Primary,) Hemiplegia left side (caused by hemorrhage into pons)
Second (Immediate,) Exhaustion

Duration of Last Sickness, November 30th 1874 to January 22nd 1875

All the above information should be furnished by the Physician.

Place of Burial, Green Mount.

Date of Burial, January 24th 1875

{*Undertaker,* Wm. H. Hickman

{*Place of Business,* 234 N. Gay St.

C. J. Kaufmann M. D.
Medical Attendant.

Address N. 187 E. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 476.

Board of Health, City of Baltimore,

Permit No. 476,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE

Date of Death, January 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Bell

~~Sex,~~ *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, ~~White~~ Black *Sex,* Male

Married, ~~Single Widowed or Divorced,~~ {Cross out the words not required in this line.}

Occupation, Wood Sawyer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Marys County

Duration of Residence in the City of Baltimore, Fifteen years

Place of Death, {Give street and number.} No. 21 Oxford Street

Cause of Death, First (Primary,) Unknown heart disease

Second (Immediate,) Syncope

Duration of Last Sickness, a few minutes

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery.

Date of Burial, January 24th 1875

Undertaker, Wm Gray

Place of Business, 53 Mulberry Street

C R Stagg *M. D.*
Medical Attendant.

Address No 16 N Liberty St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

...City of Baltimore will make returns of ...
office whence issued, Saturday of each ...

No. 4474

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4771

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 24 1915 BALTIMORE

Date of Death, January 23rd 1915

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Bridgt Burns

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 1 Years, 9 Months, 21 Days.

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 1 yr. 9 mo. 21 days

Place of Death, {Give street and number.} No 173 S. Pratt St

Cause of Death, {First (Primary,) Malignant Scarlet fever

{Second (Immediate,)

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cem

Date of Burial, January 24th

Undertaker, Jas P. Byrne

Place of Business, Front St.

M. D.
Medical Attendant.

Address 137 N. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

City of Baltimore will make returns of all Office whence issued, Saturday of each week

No. 478

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 478

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Ann Chambers

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 69 *Years,* — *Months,* — *Days.*

Color, — *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number.} 166 Battery Av.

Cause of Death, First (Primary,) Continued Debility from Age.

Second (Immediate,) Prostration "68 Age"

Duration of Last Sickness, a few hours.

All the above information should be furnished by the Physician.

Place of Burial, Mount Clare

Date of Burial, 2 Clock Jan 24/75

Undertaker, Armstrong & Sons

Place of Business, No 263 Light St

R. J. H. Tall M. D.

Medical Attendant.

Address 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 479

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Williams Cole

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, [redacted] *Years,* 3 *Months,* — *Days.*

Color, Black *Sex,* Female

~~*Married,* *Single,* *Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 275 Hoffman St

Cause of Death, {First (Primary,) / Second (Immediate,)} Inward Spasms

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Potfield

Date of Burial, Jan 25th 1875

Undertaker, M. H. C. Perry

Place of Business, 448 W. Pratt St. *Address*

James A. Steuart M.D.
Medical Attendant
Comptroller & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1480,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 23d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Kate Mrs. Swain

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~not~~ ~~given~~ Years, Months, Days.

Color, White *Sex,* Femal

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~Fort Hamm~~ Balto City

Duration of Residence in the City of Baltimore, do

Place of Death, {Give street and number.} 453 W. Lombard St. Reynd Schroeder

Cause of Death, {First (Primary,) Phthisis

{Second (Immediate.) do

Duration of Last Sickness, 14 month ~~Several Years~~

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem. Dr. Carey Finney M. D.

Medical Attendant.

Date of Burial, Jan 24 1875

{*Undertaker,* Jno B. Cook, *Address*

{*Place of Business,* 707 W. Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

teries in City of Baltimore will make return
to the Office whence issued, Saturday of e

No. 481

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 481

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1895 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 23d 2.a.m 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelm Steining

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, White *Sex,* male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Brewer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Russia

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give street and number.} University Hospital

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate.) " "

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Jan 23/95

Undertaker, Ch Rossing

Place of Business, 136 E Fayette

J. C. Worthington M. D.
Medical Attendant.

Address Cor Gruen & Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...ity of Baltimore will make returns of all Permits for ...ce whence issued, Saturday of each week.

No. 482

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 482,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 21/79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Reuss

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 17 *Years.* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Saxon Germany

Duration of Residence in the City of Baltimore, about 2 yrs.

Place of Death, {Give street and number.} Cor Front & Hillen St

Cause of Death, First (Primary,) Had via Dropsy

Second (Immediate,) Serum of the Heart

Duration of Last Sickness, about 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jany 25th 1879

Undertaker, Fred C Weaver

Place of Business, 22 W. Fayette St *Address*

J H Patterson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

HEALTH DEPARTMENT JAN 24 1875 BALTIMORE.

Board of Health, City of Baltimore.

Permit No. 483

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hester Leconeke

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* — *Months,* — *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Red River

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 188 Park Ave

Cause of Death, First (Primary,) Phthisis

Second (Immediate.)

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Loudon cemetery Geo. Van Bibber M. D.

Date of Burial, Jan 25th 1875 Medical Attendant.

Undertaker, Wm J Gray

Place of Business, 63 Madison *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of Certificate.

Board of Health, City of Baltimore,

JAN 24 1875

HEALTH DEPARTMENT BALTIMORE.

Permit No. 484

OFFICE OF REGISTRAR OF VITAL STATISTICS.

484

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* 4 *Months,* 3 *Days.*

Color, Colored *Sex,*

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Arundel County

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number.} 252 North Bonaparte st

Cause of Death, First (Primary,)

Second (Immediate,) Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Level Cemitary

Date of Burial, Jan 23 1875

Undertaker, William Bonger

Place of Business, 10 & East Street

Charles Bagley M. D.
Medical Attendant.

Address 75 N. Broadway Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...altimore will make return... [illegible] ...surgery of one...

No. 485

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JAN 24 1875 BALTIMORE

Permit No. 485

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amanda Woodland

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, Seven *Years,* Ten *Months,* *Days.*

Color, Mulatto *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Marys Co. Md

Duration of Residence in the City of Baltimore, From Birth

Place of Death, {Give street and number.} No 3 Grand Alley

Cause of Death, First (Primary,) Catarrh

Second (Immediate,) Pneumonia

Duration of Last Sickness, Thirteen days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 25th 1875

Undertaker, John C Gordon

Place of Business, 63 Park

D L Rau M. D.
Medical Attendant.

Address 89 Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...e City of Baltimore will make returns
Office where located, Saturday &c...

No. 1486.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on the back of this Certificate.

HEALTH DEPARTMENT JAN 24 1875 BALTIMORE

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1486

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of Law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Emrich

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 2 *Years,* ~~Months,~~ *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Basket & Brush

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number.} No 10 Herring Court 56

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Jan 24th 1875

C. A. Williams, M. D.
Medical Attendant.

Undertaker, Theodore Lorsch

Place of Business, 65 South Wolf St *Address* No. ~~50~~ 52 East St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 488

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

HEALTH DEPARTMENT JAN 24 1875 BALTIMORE.

Board of Health, City of Baltimore,

Permit No. 1487

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William James Johnson Lavat.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, One *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifelong

Place of Death, {Give street and number.} 18 East St

Cause of Death, First (Primary,) Congestion of Brain

Second (Immediate,) Convulsions

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Levrit Cimitary

Date of Burial, Jan 23 1875

Undertaker, William Wenger

Place of Business, 10 & East St

D Webster Bethell M. D.

Medical Attendant.

Address 1 & S Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 1188

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

HEALTH DEPARTMENT JAN 24 1875 BALTIMORE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 488

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis A. Gallagher

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 3 *Months,* 3 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 24 Lemmon St

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,)

Duration of Last Sickness, about 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Jan 24

Undertaker, J B Cook

Place of Business, No 707 Baltimore

Edwd F. Mulholland M. D.
Medical Attendant.

Address 279 N. Loudon St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

TURN

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

HEALTH DEPARTMENT. JAN 24 1875 BALTIMORE.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. [redacted]-489 489

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. B. Henry

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 18 *Months,* ——— *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hill St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 52 Hill St

Cause of Death, {First (Primary,) Scarlatina

{Second (Immediate,) Meningitis with Convulsions

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 25th 1875

Undertaker, Chas. F. Harold

Place of Business, 111 Hanover St.

Geo. W. Benson M. D.
Medical Attendant.

Address 144 Hanover St
Balto City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 490

Board of Health, City of Baltimore.

HEALTH DEPARTMENT JAN 24 1875 VITAL STATISTICS

Permit No. 490

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilson Tindal.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* *Days.*

Color, Fair. *Sex,* Male

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 106 N Broadway Balto City

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 106. North Broadway.

Cause of Death, {First (Primary,) Scarlatina Maligna

{Second (Immediate,) Brain Fever & Spasms.

Duration of Last Sickness, 19 Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 25th 1875

{*Undertaker,* Wm Fry

{*Place of Business,* 54 N Broadway

Dr Dunnell & E. W. Gordon M. D.
Medical Attendant.

Address Edwin W. Gordon
125 North Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...the Office whence issued, Saturday of each week.

No. 491

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JAN 24 1875 BALTIMORE

Permit No. 199

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 23d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H. Bohnight

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or~~ widower, {Cross out the words not required in this line.}

Occupation, Clerk in Circuit Court Balto City

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 79 N. Gilmor St.

Cause of Death, First (Primary,) Paralysis Degeneration of Heart & Kidneys

Second (Immediate,) —

Duration of Last Sickness, — Two months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, 26th Jany 1875

W. R. McKinnen *M. D.*
Medical Attendant.

Undertaker, Wm. Jenkins & Son

Place of Business, 16 Light St *Address* 582 W. Fayette Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 492

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

HEALTH DEPARTMENT JAN 24 1875 BALTIMORE.

Board of Health, City of Baltimore,

Permit No. 492

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 23 - 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Davis Lindsay

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} .....

Age, Thirty-six *Years,* Eleven *Months,* Eleven *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore. Since she was born

Place of Death, {Give street and number.} No 177 N Paca St -

Cause of Death, First (Primary,) Puerperal Fever

Second (Immediate,) Phlebitis -

Duration of Last Sickness, Thirty days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 25th 1875

Undertaker, Jacob Weaver

Place of Business. Nos 4 & 6 Druid Hill Ave *Address* 87 Mulberry St

W. G. Rhodes M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

City of Baltimore will make returns of all ... whence issued, Saturday of each we...

No. 493

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 493

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 24th 18

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Ward

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 m *Days.*

Color, White *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} N. Front St No 138

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} .....

Cause of Death, { First (Primary,) ..... Second (Immediate,) Unknown

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mt Petersgrave 2d C. Mahon M. D.

Date of Burial, Jan 25 2 Oclock Pm Medical Attendant.

{ *Undertaker,* George C Rodenmayer
{ *Place of Business,* 38 Ensor Street *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...e Office whence issued, Saturday of each

No. 1944

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4944

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Jan 22 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fannie Goodman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 38 *Years,* [redacted] *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Poland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Jewish Hospital Mint St.

Cause of Death, First (Primary,) Heart disease.

Second (Immediate,) (Tricuspid Insufficiency.)

Duration of Last Sickness, Chronic 17 second years duration

All the above information should be furnished by the Physician.

Place of Burial, Sinai Temple Cemetery

Date of Burial, January 23, 1875

Abram B Arnold M. D.
Medical Attendant.

Undertaker, Wm Eckart

Place of Business, 101 Gough St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

495

Permit No. 495.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday January 24th 8 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frak. Wm Hartman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* Ten *Months,* 29 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 385 Eastern Ave.

Cause of Death, {First (Primary,) Scarletina

{Second (Immediate.) Diphtheritic Laryngitis

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, 25 January

Undertaker, John C. Schmidt

Place of Business, 265 Aliceanna Address 12. S. Eden St.

D. Wunderlich M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...ries in City of Baltimore will make returns of ... the O... ...ce issued, Saturday of each

No. 496

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 496

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Bauer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 4 *Months,* 14 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 173 E. Pratt St.

Cause of Death, {First (Primary,) Malignant Scarlet Fever

{Second (Immediate.)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemetery

Date of Burial, Jan 26th 1875

Undertaker, Jas P Byrne

Place of Business, 69 N Front St *Address* 137 Eden St

[signature] *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 4971

The Special Attention of Physicians is respectfully invited t[illegible]y of Baltimore will make returns of all Pe[illegible]ce whence issued, Saturday of each week.[illegible]t of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4971

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE

Date of Death, January 24th 10 A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Dorgent

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 91 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Mar - Widower

Occupation, Confectioner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Paris

Duration of Residence in the City of Baltimore, 54 years

Place of Death, {Give street and number.} 320 E. Fayette

Cause of Death, First (Primary,) [blank]

Second (Immediate,) Old age

Duration of Last Sickness, 12 days

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jany 26. 1875

Undertaker, Richard Hall

Place of Business, 1916 Balto

James E. Emmitt M. D.
Medical Attendant.

Address 297 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Baltimore will make returns of all ... whence issued, Saturday of each week

No. A 1145

The Special Attention of Physicians is respectfully invited to the request in regard to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 498,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 24th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David & Sarah A. Phillips

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 15 Minutes ~~Years,~~ ~~Months,~~ ~~Days.~~

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Fifteen Minutes

Place of Death, {Give street and number.} No. 710 Pratt Street

Cause of Death, {First (Primary,) (Premature birth (6 Months)
Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Jan 26th

Undertaker, Parents

Place of Business, 710 Pratt St,

Chas M. Neff M. D.
Medical Attendant.

Address 306 N. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore, 499

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 499.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 23d

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Catharine

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, *Years,* 8 *Months,* 5 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 27 Bird st

Cause of Death, { First (Primary,) Second (Immediate,) } Congestion Bronchitis

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonse

Date of Burial, Jan 25th 1875

Undertaker, C F Krause

Place of Business, 209 Hanover st

J. E. Harrington *M. D.*
Medical Attendant.

Address 364 Light st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 500

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Mildred Baker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* 14 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 207 Hanover St

Cause of Death, {First (Primary,) / Second (Immediate.)} Scarlet fever

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Western Ce

Date of Burial, 25 of Jan 1875

Undertaker, C F Krause

Place of Business, 209 Hanover

J. C. Buck M. D.
Medical Attendant.

Address 141 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

501

Board of Health, City of Baltimore,

Permit No. 501

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, January 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Lewin B. Strong

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Five (5) *Years,* One (1) *Months,* Nine (9) *Days.*

Color, White *Sex,* Male

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent County Md.

Duration of Residence in the City of Baltimore, 15 Months.

Place of Death, {Give street and number.} 38 S. Exeter St.

Cause of Death, First (Primary,) Scarlatina Maligna

Second (Immediate,) Convulsions and Coma.

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, January 25th

Undertaker, Wm. Hughes

Place of Business,

Jno F. Powell M. D.
Medical Attendant.

Address 72 E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

502

Permit No. 502

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE

Date of Death, January 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary S. Cook

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Sixty four *Years,* Three *Months,* _____ *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Monthly Nurse

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Easton Talbot Co Md

Duration of Residence in the City of Baltimore, About Thirty five years

Place of Death, {Give street and number.} # 203 N Bond St

Cause of Death, First (Primary,) Softening of the Brain

Second (Immediate,) Paralysis - Hemiplegia

Duration of Last Sickness, Seven weeks

All the above information should be furnished by the Physician.

Place of Burial, Hill's Cemetery.

Date of Burial, January 25th 1875

Undertaker, Keighler & Co

Place of Business, 62 S Broadway Suite

A. Hartman *M. D.*

Medical Attendant.

Address # 365 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Baltimore will make returns of all P... issued, Saturday of each week.

No. 503

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 503

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 22 1875 BALTIMORE

Date of Death, January 23 - 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Joyce

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Years, Five (5) Months, Twenty-two (22) Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 22 Sterrett St

Cause of Death, First (Primary,) Tuberculous Meningitis X

Second (Immediate,) Asthenia —

Duration of Last Sickness, Between two and three weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Jany. 25th 1875

Undertaker, Wm. F. Tickner

Place of Business, 65 S. Eutaw St.

C. C. McDowell M. D.
Medical Attendant.

Address 290 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Turn

504

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 504

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 1875 BALTIMORE.

Date of Death, January 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theodore Kuss

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth & before

Place of Death, {Give street and number.} St Josephs Hospital

Cause of Death, {First (Primary,) Tuberculosis / Second (Immediate,) Congestion of Lungs

Duration of Last Sickness, About a year

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens

Date of Burial, January 25. 1875.

Undertaker, / *Place of Business,* by the Hosp.l

Oscar L. Coskery M. D.
Medical Attendant.

Address St Josephs Hospital Balt.re

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 505,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE

Date of Death, Jan 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel H Cox

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 5 *Months,* 23 *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 5 Hill st

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 52 Hill st

Cause of Death, {First (Primary,) Scarlatina / Second (Immediate,) asphixia

Duration of Last Sickness, 8. Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 26th 1875

Undertaker, Chas F. Hinkle

Place of Business, 61 Hanover

Geo. H. Braun M. D.
Medical Attendant.

Address 111 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

No. 306.

The Special Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 606,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Saturday Jan 22 - 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph. W. Strong

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 38 *Years,* 10 *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford County Md

Duration of Residence in the City of Baltimore, about 9 years

Place of Death, {Give street and number.} 24 Williamson St

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis Pulmonalis

Duration of Last Sickness, Eight months.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan - 24th

{*Undertaker,* Mr Denny. / *Place of Business,* Montgomery & Light Sts} Address 119 Saratoga St

Geo L. Rice M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

No. 507

Permit No. 517.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE

Date of Death, January 24th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Charles [illegible]

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, School

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number.} Montgomery St. No. 109

Cause of Death, First (Primary,) Bry a fall

Second (Immediate,) Cerebro meningitis Spinal

Duration of Last Sickness, Seven Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 25 1875

Undertaker, Jno E Norelius

Place of Business, 63 Park St.

J. D. Ryle *M. D.*
Medical Attendant.

Address No 146 Hill st Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

508

Board of Health, City of Baltimore,

Permit No. 508.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Alexandria Shorter

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 18 *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 18 yrs

Place of Death, {Give street and number.} 13 Mason's Alley

Cause of Death, First (Primary,) Dentition & Catarrh

Second (Immediate.) Pneumonia

Duration of Last Sickness, 1 Month — I saw her only 3 days before death

All the above information should be furnished by the Physician.

Place of Burial, Balto. Quaker Bottom

Date of Burial, Jan 26th 1875

Undertaker, Jno C. Jones

Place of Business, 13 Park pl.

Elias C Price M. D.
Medical Attendant.

Address 110 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

No. 509

Permit No. 509.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Dougherty

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto -

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 20 Canton St.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Jan 25th 1875

Jno G Harrison M. D.
Medical Attendant.

Undertaker, Jas P Byrne

Place of Business, Front St *Address* Broadway & Fleet Sts
Bet Canton St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

510

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 510,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 23. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Winchester

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* Fourteen *Days.*

Color, Dark *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, two weeks

Place of Death, {Give street and number.} No. 12 Bolton Alley

Cause of Death, {First (Primary,) Cold
Second (Immediate.) Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 25 January

{*Undertaker,* James W Davis
Place of Business, 12 Saratoga st

Chas W. Neff M. D.
Medical Attendant.

Address No. 306 n. Hamilton Street City.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

511

Permit No. 511.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 20th January 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Locks

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 30 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} U States

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} Penitentiary (Maryland)

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Eastpoint Field

Date of Burial, Jan'y 23. 1875

Jn Brooke Boyle M. D.
Medical Attendant.

Undertaker, Wm Donovan

Place of Business, No 6 Bank St. *Address* 174 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

512

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 512,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT · JAN 25 1875 · BALTIMORE.

Date of Death, Jan 25 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnis Willett

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} Baltimore Stockton st.

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Hemorhage

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Ft. Peters Cemetery

Date of Burial, January 27th 1875

C. Fawcett M. D.
Medical Attendant.

Undertaker, Jno Schilling

Place of Business, 71 Pennsylvania Ave. *Address* 93 Marshall st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

of Cemeteries in City of Baltimore will make returns of all Fur
to the Office whence issued, Saturday of each week.

No. 518.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 513,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Medwill

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 21 Years 11 Months & 4 Days

Place of Death, {Give street and number.} 857 Columbia St

Cause of Death, First (Primary,)

Second (Immediate,) Phthisis Pulmonalis.

Duration of Last Sickness, about 3 years.

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, January 28th 1875

Undertaker, John L Thacher

Place of Business, No 150 Camden St

Jas Heaney M. D.
Medical Attendant.

Address No 5 Fawn St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to [illegible] below, and to List of Diseases on back of this Certificate.

No 514

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha A. Cook

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 2. *Years,* 4 *Months,* Seven *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Dress Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Fifty two years

Place of Death, {Give street and number.} 214 N. Eutaw St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate.) "

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral cem.

Date of Burial, Jan 26 1875

Undertaker, McGaull Bros

Place of Business, 121 Saratoga St

Edward A. Morris M. D.
Medical Attendant.

Address "

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Office where issued, Saturday of each w

No. 515

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 515

No 515

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 25? 1875 BALTIMORE.

Date of Death, Monday January 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertie Burkhardt

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Six Years, Months, 18 Days.

Color, White Sex,

~~*Married*~~, *Single*, ~~*Widow or Widower*~~; {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} S.E. Cor Pratt and Ann st.

Cause of Death, {First (Primary,) Scarlatina Maligna

Second (Immediate,)

Duration of Last Sickness, 16 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem. D. C Bourgeois M. D.

Medical Attendant.

Date of Burial, 26th January

Undertaker, Wenzlein Dispatch

Place of Business, Bond Store 1st Address Cor Bridway & Pratt 86

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

City of Baltimore will make returns of a
Office whence issued, Saturday of each w

The Special Attention of Physicians is respectfully invited to the remarks ... ow, and to List of Diseases on back of this Certificate.

No. 516

Board of Health, City of Baltimore,

516

Permit No. 516

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 25 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Denis Chandler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 32 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Worcester Co. Mds

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 209 Lighter st

Cause of Death, {First (Primary,) Obstruction of Bowels *
Second (Immediate,)

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Jan 27 1875

Undertaker, James P Byrne

Place of Business, North Fredk n^a 63 *Address* 114 Hanover st

Geo. H. Benson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

* Not able to make a differential Diagnosis but I think it was twisting of the bowel high up from the excessive inflation distention [OVER.

...e Office whence issued, Saturday or ea...

No. 317

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 317.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Casey

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ~~*Years,*~~ ~~*Months,*~~ Few minutes *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 101 S. Spring St

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 101 S. Spring St

Cause of Death, {First (Primary,) / Second (Immediate,)} Injured in birth during delivery

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Bethel.

Date of Burial, January the 26th 1875

Dr. Mansfield & Erich *M. D.*
Medical Attendant.

{*Undertaker,* H. M. Gelsmeyer *Address* 117 & 94 S. Broadway
{*Place of Business,* Canton ave No. 341.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

of Cemeteries in City of Baltimore will make returns to the Office whenever issued, Saturday of each

No. 518

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of [illegible]ses on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 518

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. Ehrman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Yad four *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Machinist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Early life

Place of Death, {Give street and number.} 166 Franklin St.

Cause of Death, First (Primary,) Icterus "Liver Comp[illegible]"

Second (Immediate,)

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loyola St Cem. Cemetery

Date of Burial, Jan 26 1875

Undertaker, Wm Eilau

Place of Business, 101 South St. *Address*

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Cemeteries in City of Baltimore will make returns of ... to the Office whence issued, Saturday of each week.

No. 519

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 519

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January. 25th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ross.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female.

Age, 31. *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* "

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard County Maryland

Duration of Residence in the City of Baltimore, Three weeks.

Place of Death, {Give street and number.} 163. W Lombard Street.

Cause of Death, {First (Primary,) Metritis (puerperal) / Second (Immediate,) Peritonitis

Duration of Last Sickness, five days.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Jan 26th 1875

{*Undertaker,* Wm Donovan / *Place of Business,* 57 Bank St

A. J. Clower M. D.
Resident Physician
Medical Attendant.

Address Md Lying In Asylum
163. W Lombard Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

520

Permit No. 520.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Crawford Wilson

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, 61 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* male

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, machinist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, about fifty years

Place of Death, {Give street and number.} 83 S. Wolf St

Cause of Death, {First (Primary,) Pleuro Pneumonia

{Second (Immediate,)

Duration of Last Sickness, seven days

All the above information should be furnished by the Physician.

Place of Burial, Elkridge Landing

Date of Burial, Jan 27th 1875 Augustus F. Erich M. D.
Medical Attendant.

Undertaker, Armstead

Place of Business, 54 ½ Broadway *Address* 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

521

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 521.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augusta Rein

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* Two *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} No. 27 N. Bond St.

Cause of Death, First (Primary,) Catarhal Pneumonia

Second (Immediate,) General Convulsions

Duration of Last Sickness, 12 hours.

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery Abram B Arnold M. D.

Medical Attendant.

Date of Burial, Jan. 26/75

Undertaker, Ch Reising

Place of Business, 156 Fayette *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ers of Cemeteries in City of Baltimore will make returns of all Fu... to the Office whence issued, Saturday of each week.

No. 522

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 522

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Miller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 years 6 mos

Place of Death, {Give street and number.} 10 South Wolfe St.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Anemia

Duration of Last Sickness, 22 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 27th January

Undertaker, John C. Rush

Place of Business, 265 Madison

Jno. T. McShane M. D.
Medical Attendant.

Address 354 Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 522

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 523,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, About 10 O'clock A. M. January 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John M. Schumueller

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Porter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria Germany

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number.} 66 Mulberry Street

Cause of Death, First (Primary,) ~~Natural Causes~~ From injuries (internal)

Second (Immediate,) sustained by falling down stairway whilst intoxicated

Duration of Last Sickness, About 15 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, [illegible]

Undertaker, 2 o'clock P.M.

Place of Business, Conrad Lundel 110 Park Ave

M. W. Donavin M. D.

~~Medical Attendant.~~ Coroner

Address Lee Street (98)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

No. 524

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 524.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 25. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sabina Derrick

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} female.

Age, ~~Years,~~ *Months,* 18 days *Days.*

Color, Black *Sex,* female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.o City

Duration of Residence in the City of Baltimore, all Life

Place of Death, {Give street and number.} 112 Chesnut St.

Cause of Death, {First (Primary,) Teething

Second (Immediate,)

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Jas. A. Steuart M. D.

Date of Burial, Jany 26 1875. ~~Physician Attendant.~~

{*Undertaker,* Levi Dutton & Comm.r of Health

Place of Business, 110 Hill St *Address* & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Office — Issued, Saturday of each week.

No. 525

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 525,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 25 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Muldrup

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* 10 *Months,* 24 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Con Resident & Stiles Sr

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) General Convulsions

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Bills Cemetery

Date of Burial, Jan 27 1875

Undertaker, John Lancaster

Place of Business, 39 E Pratt 21/2

Adam B Arnold M. D.
Medical Attendant.

Address No 7 S High 21/2

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

in City of Baltimore will make retur
he Office whence issued, Saturday of

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 526

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 526,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE.

Date of Death, January 26. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Ann Stemmer,

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 49 *Years,* *Months,* *Days.*

Color, White *Sex,* Female -

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland -

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 55 N. Bond St.

Cause of Death, {First (Primary,) Consumption.
{Second (Immediate.) 5 Months -

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Jan 28th 1875

Undertaker, Thos. C. Hughes

Place of Business, 60 E. Balto St

J. H. Hinck M. D.
Medical Attendant.

Address 95 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

gies in City of Baltimore will make return the Office whence issued, Saturday of e...

No. 527

The Special Attention of Physicians is respectfully invited to Permit Must, in all C... to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 527.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE

Date of Death, January 25th 10 a.m. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Mercer (Johnson ?)

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, white *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, two months

Place of Death, {Give street and number.} University Hospital

Cause of Death, {First (Primary,) Ulcer in Bladder

{Second (Immediate,) Hamorrhage into Bladder.

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Cincinnati Ohio

Date of Burial,

{*Undertaker,* A. B. Jenkins & Son

{*Place of Business,* 16 Light.

J. C. Worthington M. D.
Medical Attendant.

Address Cor. Lombard & Greene Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Baltimore will once is-ued

No. 528

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 528

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Cavanaugh

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} St Agnes Hospital near Balto

Cause of Death, First (Primary,)

Second (Immediate,) Consumption

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral C.

Date of Burial, Jan'y 26 1875

Undertaker, P. J. Byrne

Place of Business, N. Liberty St

James A Steuart M. D.
Medical Attendant.

Comptroller & Registrar

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 529

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 529.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Michel Blasinger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 82 *Years,* 9 *Months,* 10 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Retired.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wirtemburg Germany

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and number.} 143 Druid Hill Ave

Cause of Death, {First (Primary,) Old age & ossification

{Second (Immediate.) of heart & vessels,

Duration of Last Sickness, Confined to house 6 years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 27 Jany 1875

C Winslow M. D.
Medical Attendant.

{*Undertaker,* Andrew Seitz

{*Place of Business,* 118 Druid Hill Ave *Address* 23 McCulloh Balt.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 530

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 530,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louty Collins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* 10 *Months,* *Days.*

Color, Black *Sex,* Male

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Lumber Yeler

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Accomac Co. Va.

Duration of Residence in the City of Baltimore, four years

Place of Death, {Give street and number.} 173 West St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Stoppage of Bronchial Tubes

Duration of Last Sickness, Ten Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 28th

Undertaker, S. W. Clare

Place of Business, 195 S. Howard

H. Christian M. D.

Medical Attendant.

Address 441 Pennsylvania Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

531

Permit No. 531

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 25th January 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Rau

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ___ *Years,* ___ *Months,* 15 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Canton Avenue 426

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Canton Avenue 426

Cause of Death, First (Primary,) "Convulsions"

Second (Immediate,) Spasms (Tessonus Tillisii)

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Graveyard

Date of Burial, January 27th 1875

Undertaker, R. H. Gebauer

Place of Business, 22 Canton Ave.

Dr. F. Lucas M. D.
Medical Attendant.

Address Washington & 175.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

532

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5324

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 25

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} unknown

Sex, Male or Female, {Cross out the word not required in this line.} ---

Age, *Years,* Shott, *Months,* [illegible] *Days.*

Color, black (mulatto) *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number.} ——— Unknown Found on Park Ave near Lyon

Cause of Death, First (Primary,) Unknown

Second (Immediate,) "

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, E Potters Field

Date of Burial, Jan 26th

Undertaker, Wm Donovan

Place of Business, 6 Bank St

Edm'd R Walker M. D.
Medical Attendant.

Coroner's Dist

Address 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

533

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 533,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 26 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Braddock

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 8 *Months,* 6 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1 Spring Court

Cause of Death, { First (Primary,) Spasms

Second (Immediate,) Cold

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, St Michael

Date of Burial, 27 of January 1875

Undertaker, Caspar Eckhart

Place of Business, 269 Caton av, *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

534

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 534

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 25th January 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Eliza Alabama Angelle

Sex, Male or Female, {Cross on the word not required in this line.} Female

Age, Five ~~Years~~ Weeks ~~Months~~, *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 88 North Gilmore St.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 88 North Gilmore St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia, Five days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Fremont Cem

Date of Burial, 27 Jan —

Undertaker, John I Rodman

Place of Business, 102 Fremont St *Address* 231 Fonthill

C. W. Linthicum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

535

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 585,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 26th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August F Bode

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 10 Months, 5 Days.

Color, White, *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ridgely st no 44 Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Ridgely st no 44.

Cause of Death, First (Primary,) Rubeola

Second (Immediate,) Internal Spasm

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park C. L. Buddenbohn M. D.

Medical Attendant.

Date of Burial, Thursday 28 January

Undertaker, H. P. Dill

Place of Business, Columbia st. 183 *Address* 116 Columbia st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

536

Permit No. 536, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 27 1875 BALTIMORE.

Date of Death, January 25. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helen. G. Walker

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 32 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, *Single*, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pearl Creek Wyoming Co. Newyork

Duration of Residence in the City of Baltimore, Six weeks

Place of Death, {Give street and number.} Northern Central Hotel

Cause of Death, {First (Primary,) Phthisis pulmonus
Second (Immediate,)

Duration of Last Sickness, Did know. I saw & talked the first time on the morning the 21st.

All the above information should be furnished by the Physician.

Place of Burial, Pearl creek Wyoming Co N Y

Date of Burial, 29 Jan

Undertaker, John J Rodmayer

Place of Business, N E Cor Greenmount Ave & Monument St *Address* 55 N. Eutaw St

E Pape *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 537

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 537

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 25 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Reilly

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 8 *Years,* 6 *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 years 5 months

Place of Death, {Give street and number.} 9. S. Canal St.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) (Putrid Sore Throat.)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alonzus Church Abram H Arnold M. D.

Date of Burial, Jan 27. Medical Attendant.

Undertaker, W. Dilyet

Place of Business, South Bond st. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 538,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 26th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Washington

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 63 *Years,* — *Months,* — *Days.*

Color, Black. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Day Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore Md.

Duration of Residence in the City of Baltimore, 20 yrs.

Place of Death, {Give street and number.} 196 N Exeter

Cause of Death, First (Primary,) Acute Pneumonia.

Second (Immediate,) Organic Disease of Heart.

Duration of Last Sickness, 8 hours.

All the above information should be furnished by the Physician.

Place of Burial, Laural Cemetery Thos. H. Newman, M. D.

Date of Burial, January 28th 1875 Medical Attendant.

Undertaker, H & A. Dungee

Place of Business, 104 East st. *Address* 830 N. Exeter st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 539

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 539.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 25th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Ann Preston

Sex, Male or Female, {Cross out the word not required in this line.} Girl

Age, 1 *Years,* 6 *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 199 Stirling St.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 175 Stirling St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, Saw it but once –

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan. 27th 1875

Undertaker, Wm. A. Dungee

Place of Business, 104 East st.

Jno Brooke Boyle M. D.
Medical Attendant.

Address 174 E. Eager st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

540

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3710.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1st mo 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Wm Johnston

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 50 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Labourer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Tyrone Ireland

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 5 Etting St.

Cause of Death, First (Primary,) disease of Heart

Second (Immediate,) Congestion of Brain from Paroxysm of Coughing

Duration of Last Sickness, about 5 Weeks terminated Suddenly

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, 27 Jan 1875

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

W. Riley M. D.
Medical Attendant.

Address 147 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 541

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

541

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5411

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 27th '75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Brindlinger

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 64 *Years,* — *Months,* — *Days.*

Color, white *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} unknown

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 5 weeks

Place of Death, {Give street and number.} Rifle House Cor Balt St & Marsh Market Space

Cause of Death, First (Primary,) Intemperance protably

Second (Immediate,) Apoplexy "

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, Boyertown Berks Co Pa

Date of Burial, ~~Sunday~~ Feby 1st 1875

Undertaker, Jno H. Weaver

Place of Business, Fayette St

Edmund R Walker M. D.
Medical Attendant
Coron and Pol Dist

Address 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 342

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5742,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Guichet

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years~~ 21 *Months,* ——— *Days.*

Color, White ~~Sex.~~

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 148 S. Eden

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlatina Malygna

Duration of Last Sickness, four days

The above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery Dr. C. Benzinger M. D.

Time of Burial, 27th January at 2 P. M. Medical Attendant.

Undertaker, Michael Gunty Address No. Cor Broadway & Eastern Ave.

Residence or Business, No. 33 Bank St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate stating as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

City of Baltimore will make returns of the Sun whereon issued, Saturday of each

No. 343

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 343,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} anna Groso

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Nine *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 19. N. Spring. 2th.

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) do and Pericarditis.

Duration of Last Sickness, Two weeks —

All the above information should be furnished by the Physician.

Place of Burial, Mt Viers Grav. Yard.

Date of Burial, Jan 28.

Undertaker, H. Hofmann.

Place of Business, 63 N. Eden.

C. H. Dohme — M. D.
Medical Attendant.

Address 86 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

No. 544

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5744,

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 26. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 1, *Years,* 4 *Months,* 11 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Corpen

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 19 Years

Place of Death, {Give street and number.} 117 Ledenhall

Cause of Death, {First (Primary,) / Second (Immediate,)} Typhoid Fever,

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem. *Theodore Cotta* M. D.

Date of Burial, January 28th 1875 Medical Attendant.

Undertaker, Julius Kachler

Place of Business, Cor Sharp & Pratt *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 545

Board of Health, City of Baltimore,

Permit No. 5405

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marcus Denison

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 74 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.} Widower

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, His Life.

Place of Death, {Give street and number.} 249 N Charles st

Cause of Death, {First (Primary,) Typhoid Pneumonia
{Second (Immediate.) Bronchitis

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Friday 29th Jan.

Undertaker, H. H. Jenkins & Son.

Place of Business, 16 Light st.

G. W. Miltenberger M. D.
Medical Attendant.

Address 121 N. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

546

Permit No. 5746

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 25th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frederick Locke Nicholas

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 23 *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Steward

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore, City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and number. } 64 Lancaster St.

Cause of Death, { First (Primary,) Cystitis Inflamation of Bladder
Second (Immediate,) }

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cem

Date of Burial, 28th Jan

James E. Donnelly *M. D.*
Medical Attendant.

Undertaker, George Corbett

Place of Business, 339 Canton Av

Address 299 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

547

Permit No. 547.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia. M. ~~Tasson~~ Turner

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, ~~~~ *Years,* Eight *Months,* ~~~~ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 147 N. Eden

Duration of Residence in the City of Baltimore, ~~~

Place of Death, {Give street and number.} 147 N. Eden

Cause of Death, First (Primary,) Tuberculous Mengitis

Second (Immediate,) Convulsions

Duration of Last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jany 28 1875.

Undertaker, Chas Koenig

Place of Business, 130 E Fayette St

B. F. Bloyner M. D.

Medical Attendant.

Address 129 N. High

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...series in City of Baltimore will make returns of all D... the Office whence issued, Saturday of each ...

No. 5148

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5148,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24 January 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} 2 children of Mr. Peter Rauh

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 1 hour *Years,* *Months,* *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 120 Dallas St. N.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 120 Dallas St. N.

Cause of Death, First (Primary,)

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, Jan 24.

Undertaker, H. Hafmann.

Place of Business, 63 N Edmon St. *Address* 57 Lexington St.

C Mattmann M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ths in City of Baltimore will be published at the Office whence issued, Saturday of each ...

No. 349.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5249.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Clark

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, Domestic

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Union Prot Infirmary

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem Chas Fawcett M. D.

Date of Burial, January 29th Medical Attendant.

{*Undertaker,* Andrew Leitz *Address* U. P. Infirmary

{*Place of Business,* 115 Druid Hill Ave & 93 Mosher

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 3

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 550

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 550,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1875

CERTIFICATE OF DEATH.

Date of Death, Robt E. Williams Jan 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert E. Williams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* 11 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} 167 Eastern Ave

Cause of Death, First (Primary,) Delerium Tremens

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial, Schantz-B. Grn

Undertaker, J Creamer

Place of Business, Canton Av.

Thos. Kelly M. D.
Medical Attendant.
Coroner

Address Town & Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 551

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

551

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 551,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany. 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Dysart

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Seventy *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co Md

Duration of Residence in the City of Baltimore, 62 yrs.

Place of Death, {Give street and number.} 152 Aisquith St

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) ~~Inanition~~ Inanition

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, January 28th 1875

Undertaker, Wm. H. Hickman

Place of Business, 234 E. Gay St.

A Hartman M. D.
Medical Attendant.

Address 305 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 552

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 552

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~John~~ Jan 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Lewis Leaken

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 7 *Months,* 14 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~33 McCulloh St~~ Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 33 M^c^Culloh St Balt^o^ City

Cause of Death, First (Primary,) Pseudo-Membranous Laryngitis

Second (Immediate,)

Duration of Last Sickness, about 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, January 28th 1875

R Winslow M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, 486 Druid Hill Ave *Address* 23 M^c^Culloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

City of Baltimore will make return
office whence issued, Saturday of

No. 553

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 553,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Peal

~~Sex~~, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 15 *Years,* ~~XXX~~ *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} 1 H 6 n. Street & Baltimore co.

Cause of Death, {First (Primary,) 1

{Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, about 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 24, 1875

{*Undertaker,* Theodore Locke

{*Place of Business,* No. 65. S. Wolf st

Attd. Dr. P. Thorne M. D.
Medical Attendant.

Address 31

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

will make returns of all ... Sunday of each ...

No. 334

The Special Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3374

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within [illegible] the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 27 1875 BALTIMORE

Date of Death, Jan 25 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Ann Ingram "Ann Somerville"

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 40 years Months, Days.

Color, Black Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Washerwoman

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 8 Dolphin St

Cause of Death, { First (Primary,) Dropsy
{ Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Undertaker Co[illegible]

Date of Burial, Jan 27 1875

Undertaker, B M Chase

Place of Business No 198 Forward

Brenton Jones M. D.
Medical Attendant.

John Nevins
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 535

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 535,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 26th day of January

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Reaves

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 46 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Flour Inspector

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Nearly in quite all of his life

Place of Death, {Give street and number.} 276 Myth Eutaw

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,) upon which supervened those symptoms

Duration of Last Sickness, About Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, January 27th 1875

J. B. Hoffman M. D.
Medical Attendant.

{*Undertaker,* Hughes & Co *Address* 279 W Fayette St

{*Place of Business,* 65 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

the Clerk whose turn, Saturday of each

No. 556

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 556, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 27 1875 BALTIMORE

Date of Death, January 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Eldridge

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Four *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifelong

Place of Death, {Give street and number.} 93 S. Eden st

Cause of Death, {First (Primary,) Scarlet fever

{Second (Immediate,) Anasarca

Duration of Last Sickness, Ten days. Death began at the Brain

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, January 28th 1875 R. Webster Bartlett M. D.

Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway *Address* 14 & Eden st.

City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 337

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 337

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 27, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Brooks

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.} Male

Age, 54 *Years,* 4 *Months,* 27 *Days.*

Color, White *Sex,* Male

~~*Married,*~~ ~~*Single,*~~ *Widower or* ~~*Widow,*~~ {Cross out the words not required in this line.} Widower

Occupation, Superintendent of Sweeps

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Poland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 73 East Biddle St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, Jan. 29th

Undertaker, Geo. C. Rodmeyer

Place of Business, 1038 Canton Av.

F. A. McManus M. D.
Medical Attendant.

Address 258 W. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 338

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5581

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 27 1875 BALTIMORE.

Date of Death, January 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* Eleven *Months,* Ten *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Eleven months + ten days

Place of Death, {Give street and number.} Sheiben alley

Cause of Death, First (Primary,) Deliriums pneumonia cough

Second (Immediate,) Convulsions

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, Jan 28

Undertaker, Wm. C Jordan

Place of Business, No 63 Pratt St

D. C. Sheiben M. D.
Medical Attendant.

Address 626 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

539

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 539

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} A. Madosah Cooper

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 239 E. Bath St

Cause of Death, First (Primary,) Habitual intemperance

Second (Immediate,) Apoplexy.

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 28th 1875

Undertaker, Matthias A. Dayer

Place of Business, 74 S. Broadway

A. F. Erich M. D.
Medical Attendant.

Address 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

No. 560

Permit No. 560

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 27 1875 BALTIMORE.

Date of Death, January 27 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Viney

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 27 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} *Sex,* Widower

Occupation, Cigar Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Saxony Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 229 Canton Ave

Cause of Death, {First (Primary,) Intussusception

{Second (Immediate,) Obstruction of Bowels

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan. 28. 1875

{*Undertaker,* Matthew A Daigle

{*Place of Business,* 74 S. Broadway

James E. Donnelly *M. D.*
Medical Attendant.

Address 297 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 561

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 561.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 26th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fannie C. Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 324 Forrest st.

Cause of Death, {First (Primary,) Croup
Second (Immediate,) Bronchial Catarrh

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemt

Date of Burial, Jan 28th

Undertaker, John T Rodenmayer

Place of Business, N E Cor Fremont Ave & Monument St

Jno. Brooke Boyle, M. D.
Medical Attendant.

Address 174 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 562

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

No. 562

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 562,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 26 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Hemple

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 51 *Years,* 1 *Months,* 14 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~~Saloon~~ Restaurant Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 254 Montgomery St

Cause of Death, First (Primary,) Excessive use of alcoholic Stimulants

Second (Immediate,) Softening of the Brain

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 29 1875

Undertaker, Charles F. Herold

Place of Business, 161 Hanover St.

Theodore Cook M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

563

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 563

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Serena Garrett

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months.* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 24 New Church

Cause of Death, {First (Primary,) Phthisis

{Second (Immediate,) Phthisis

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 28th 1875

Undertaker, S M Chase

Place of Business, No 198 S. Howard St

Wm G Harrison M. D.
Medical Attendant.

Address Corner Lafayette & Liberty

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

564

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 564

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 26 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H. Chester

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* 6 *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Maryland

Duration of Residence in the City of Baltimore, 2 Years 11 months & days

Place of Death, {Give street and number.} 2 Wilkins St

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis

Duration of Last Sickness, 1 Year,

All the above information should be furnished by the Physician.

Place of Burial, Lorraine Co. Jan 28 1875 by Theodore Cotta M. D.

Date of Burial, ~~Laurel Cemetery~~ Medical Attendant.

{*Undertaker,* S M Chase

{*Place of Business,* 1912 Pd Leonard *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No 565

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 565,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Levin Ogle

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* *Months,* Seven *Days.*

Color, Colored *Sex,* Male

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.} infant

Occupation, infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Maryland

Duration of Residence in the City of Baltimore, Seven Days

Place of Death, {Give street and number.} Johnson St No 45

Cause of Death, First (Primary,) Cerebral disorder

Second (Immediate.) Sudden Spasmodic

Duration of Last Sickness, 1 day.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 29th 1875

Undertaker, S. W. Chase

Place of Business, No. 19 S. Howard St

L. L. Dyer M. D.

Medical Attendant.

Address No 146 Hill St Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of this Certificate.

No. 566

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 566,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 26 - 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Lincolm Hitchcock

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co.

Duration of Residence in the City of Baltimore, Six yrs

Place of Death, {Give street and number.} 546 N Lombard

Cause of Death, {First (Primary,) Pulmonary Apoplexy

Second (Immediate,)

Duration of Last Sickness, Twenty four hours

All the above information should be furnished by the Physician.

Place of Burial, Western cem

Date of Burial, Jan 28 1875

Undertaker, C H Blizzard

Place of Business, 187 Laurel St near Druid Hill Av

John Neff *M. D.*

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 567

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 567,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *when filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decedent, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 27. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin Barnes

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, About 72 *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Followed the water until the last few years

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co Maryland

Duration of Residence in the City of Baltimore, About 30 years

Place of Death, {Give street and number.} 59 Columbia St Baltimore

Cause of Death, {First (Primary,) ~~Intemperance~~ Asphyxia

{Second (Immediate,) Exhaustion

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, London Cemetery Wm M Kemp M. D.

Date of Burial, June 29th Medical Attendant.

{*Undertaker,* J. B. Blackston

{*Place of Business,* West Baltimore St *Address* 537 Lyon St

(606)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No 568

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 568,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, jan 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie E. Whitely

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* 24 *Days.*

Color, White *Sex,* Female

~~Married~~, *Single*, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 5 Months & 24 days

Place of Death, {Give street and number.} 593 Pensylvania Avenue

Cause of Death, {First (Primary,) Pneumania

{Second (Immediate,) Apnoea.

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Londen Park

Date of Burial, Janu 28th 1875

H. R. Setterhoff, M. D.
Medical Attendant.

{*Undertaker,* C. Wigand

{*Place of Business,* 53 Druid Hill Ave *Address* 77 George St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 369.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 569.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Cooper Barnes

Sex, Male ~~or Female~~; {Cross out the word not required in this line.}

Age, ½ *Years,* 1 *Months,* 14 *Days.*

Color, White. *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State nr country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 10 Ridgely St.

Cause of Death, {First (Primary,) Whooping Cough.
{Second (Immediate.)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan 29th C. E. Richardson *M. D.*
Medical Attendant.

Undertaker, D. S. Machen

Place of Business, 130 Camden St. Address Lombard St.

D S Machen

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 570

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 570,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26th January 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Frank

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} .....

Age, Eighty-two *Years,* Nine *Months,* twenty-five *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~Grand Duchy of Hesse~~ Grand Aspach Wurtemburg Germany

Duration of Residence in the City of Baltimore, About 30 years.

Place of Death, {Give street and number.} No 246 Hanover St.

Cause of Death, First (Primary,) Bronchial Catarrh.

Second (Immediate,) Paralysis of the Lungs.

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Jerusalem Church burying ground

Date of Burial, 28th Jan.

Charles A Geiger M. D.
Medical Attendant.

Undertaker, Adam Heidemeier

Place of Business, N. Baltimore St No. 5[illegible]

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 571,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 25. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} No name

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, *Years,* *Months,* 2 *Days.*

Color, Colored. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Va. Reading for Mr Edmund Jr Henry

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 70 n Carey

Cause of Death, First (Primary,) Lumbar Abscess

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany. 28th 1875

Undertaker, Chas. A. Ponder

Place of Business, 620 N. Ballo st *Address* Eutaw st

A. H. Skipton *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

572

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 572,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately~~ filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 27th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie A Jenkins

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 2 *Months,* 10 *Days.*

Color, white *Sex,*

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt city

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 45 Holland St

Cause of Death, First (Primary,) Accidentally overlaid by mother

Second (Immediate,) Convulsions & Apnoea.

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jany 28. 1875

Undertaker, Chas. A. Pondrom

Place of Business, No 520 Baltor

Edmund R Walker M. D.
Medical Attendant.
Coroner N. P. District

Address 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

573

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 573,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leone Blanche Mason

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 3 *Months,* *Days.*

Color, Black *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 152, Tyson Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Spasm

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan. 27th 1875

Undertaker, William M. Lungee

Place of Business, nr 104 East St.

W. MacKall Bowie M. D.
Medical Attendant.

Address 321 Block Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

574

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5741

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 27th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christian Schmidt.

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 44 *Years,* 1 *Months,* 16 *Days.*

~~*Color,*~~ W *Sex,* Male

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Baker.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Marburg. Hessencastle.

Duration of Residence in the City of Baltimore, 22 years.

Place of Death, {Give street and number.} 7 Raesche St.

Cause of Death, {First (Primary,) Pneumonia. Second (Immediate,)

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 29 Jany.

Undertaker, P. Kendall

Place of Business, 317 Baltimore St.

R. J. H. Tall M. D.
Medical Attendant.

Address 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 575

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Lowry

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

~~Married, Single,~~ *Widow or* ~~Widower.~~ {Cross out the words not required in this line.}

Occupation, Nurse

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Georgetown DC

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and number.} 52 Bond st

Cause of Death, {First (Primary,) Dropsy from Age

{Second (Immediate,)

Duration of Last Sickness, 4 mths

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. B. Ground

Date of Burial, Jan 28th 1875

Undertaker, W. J. Gray

Place of Business, 65 Mulberry St *Address*

James H. Slemons M.D.
~~Medical Attendant~~
Comm'r H. & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of this Certificate.

No. 576

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 576,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 27. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Elmira Ellicott

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maine U. S.

Duration of Residence in the City of Baltimore, Ten years.

Place of Death, {Give street and number.} 64 Cookerly, Locust Pt.

Cause of Death, First (Primary,) Pleurisy

Second (Immediate,) Typhoid Fever.

Duration of Last Sickness, ~~Eighteen~~ Ten days.

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Jany 28 1875

Undertaker, W. H. Hickman

Place of Business, 234 N Gay St

G. Glanville, Rusk M. D.
Medical Attendant.

Address Balto Washington Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 577

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 577

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Wednesday January 27th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Strain (Strain)

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} female

Age, 28 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia Fauquier Co

Duration of Residence in the City of Baltimore, 3 Months

Place of Death, {Give street and number.} Church Home & Infy N. Broadway

Cause of Death, First (Primary,) Bright's disease of Kidneys

Second (Immediate,) General dropsy & Uraemia

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 29th 1875

Undertaker, Richard Hall

Place of Business, 191 E. Balto

Frank D'Lavin M. D.
Medical Attendant.

Address Church Home & Infirmary N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 578

Permit No. 578,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 28th 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Dora Crane

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 76 *Years,* *Months,* *Days.*

Color, White *Sex,* Widow

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 23 years

Place of Death, { Give street and number. } N 30 Bridge St.

Cause of Death, { First (Primary,) Infirmity

{ Second (Immediate.) Three Months,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem. Jas Thos Burke Boyle M. D.

Date of Burial, Jan 30 - 2 80 Clock, P.M. Medical Attendant.

Undertaker, George C Rodenmyer *Address* 174 E Eager St.

Place of Business, 38 Exeter Stt.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 579

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 579

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately~~ *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decedent, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Kime

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 7 *Months,* 6 *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow or Widower~~ {Cross out the words not required in this line.}

~~Occupation~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 229 N. Calvert St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Septic - Anasarca, Abscess, Typhoid

Duration of Last Sickness, Twenty Six days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery.

Date of Burial, January 29th 1875

E Glover Cox M. D.
Medical Attendant.

Undertaker, John H. Weaver.

Place of Business, 22 W. Fayette St *Address* 572 W Balto St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 580

No. 580

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 580

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, duly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Frances Harris

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ~~Years,~~ 5 Months, Days.

Color, light Brown *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt city

Duration of Residence in the City of Baltimore, 5 Months

Place of Death, {Give street and number.} 129 Preston st 129

Cause of Death, {First (Primary,) cold

{Second (Immediate,) Pneumonia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Jan 27th 1875

Undertaker, Wm Davis

Place of Business, Saratoga st

B. F. Bohrer M. D.
Medical Attendant.

Address N E corner of Dolphin & Druid Hill avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 581

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 581.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 27th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretta Moor

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 86 *Years,* 6 *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kulhuffen, Bavaria

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and number.} 190 S. Chapel St.

Cause of Death, First (Primary,) Old Age.

Second (Immediate.) Debility

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, St. Johnsus Country

Date of Burial, 29 January 1875

Thos. Fell *M. D.*

Medical Attendant.

Coroner

Undertaker, H. H. Gilmore

Place of Business, 34 Cantrell St. *Address* Pawn & Exeter Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 582.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 582.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Oscar Columbus Banks

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 8 *Months,* 24 *Days.*

Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Mill st No 59

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 29th 1875

E. C. Baldwin M. D.
Medical Attendant.

Undertaker, William H. Lunger

Place of Business, No 104 East St.

Address 124 n. Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 583

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 583,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Januar. 28. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephin Oppmann

Sex, Male or Female, {Cross out the word not required in this line.} ... female

Age, 21 *Years,* ~~9t~~ 8 *Months,* ~~9~~ *Days.*

Color, *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, 105 Conway St

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 105. Conaway

Cause of Death, First (Primary,) ———

Second (Immediate,) Enteritis.

Duration of Last Sickness, 3. days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery John M P Paulli M. D.

Date of Burial, Jan 29 Medical Attendant.

Undertaker, J J Mackie

Place of Business, 180 Camden St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 584

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 584,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 28th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno Welsh

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} male

Age, 70 *Years,* — *Months,* — *Days.*

Color, white *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} married

Occupation, Woodturner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland, In this country about 15 years

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} No 11 Buren Street

Cause of Death, First (Primary,) Intemperance

Second (Immediate,) & Phthisis pulmonalis probable

Duration of Last Sickness, Has not worked for last year

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Jan 30 1875

Undertaker, J. P. Byrne

Place of Business, Front St *Address* 180 Linden Ave

Edmund R Walker M. D.
Medical Attendant.
Coroner 7th P. District

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

No 585

Permit No. 585

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Garrett

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number.} 711 W Balto St

Cause of Death, {First (Primary,) Pneumonia
Second (Immediate,) old age

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Jan 31

Undertaker, J B Cook

Place of Business, No 707 Baltimore

Elias G Price M. D.
Medical Attendant.

Address 110 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

No. 586

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 586,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha Oliver

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Two *Years,* Three *Months,* Twenty-four *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 182 N Carey St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Five Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemet

Date of Burial, Jany 30th

Undertaker, J. H. Weaver

Place of Business, Fayette St

C. H. Jones M. D.
Medical Attendant.

Address Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 587

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 587

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 28th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Zulauf

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hesse Darmstadt, Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 176 S. Caroline St.

Cause of Death, First (Primary,) apoplexy

Second (Immediate,) 5 or 10 minutes

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Januar 29th 1875.

Undertaker, Lenhart Thun

Place of Business, S. Bond's. F. A. 2277

Thos. Kelly M. D.

Medical Attendant.

Address Fawn & Exeter Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 588

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 588,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 27th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johanna McDonald

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 27 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} St Agnes' Hospital

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Holy Rosary Edwd F. McFarland M. D.

Date of Burial, Jan 30 — Medical Attendant.

Undertaker, John J Rodenmayer *Address* 279 N. Lombard St

Place of Business, N E Cor Greenmount Ave & Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 589

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Drusilla Lynch

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, one *Years,* seven *Months,* 9 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 169 E. Lombard st

Cause of Death, {First (Primary,) Scarletina
Second (Immediate,) Convulsions

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 30 1875

Undertaker, Cooper

Place of Business, 54 Broadway

Dr Windermuth M. D.
Medical Attendant.

Address 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 590,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28th January 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Thos. Riley & Mary Riley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years.~~ Months, 22 hrs, Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 22 hrs,

Place of Death, {Give street and number.} 60 S. Chapel st,

Cause of Death, {First (Primary,) / Second (Immediate,)} Congestion of Lungs from feeble acting of Heart

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, Jan 29th

Undertaker, John Brand

Place of Business, 7 West St.

John F. Mannassee M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 591

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 28th 1875 at 4 A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Huntington

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, white *Sex,*

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Liverpool England

Duration of Residence in the City of Baltimore, Twelve years

Place of Death, {Give street and number.} University Hospital

Cause of Death, First (Primary,) Erysipelas & Fatty Degeneration of Heart

Second (Immediate,) Syncope

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery J. C. Worthington M. D.
Medical Attendant.

Date of Burial, Jany 29th

Undertaker, John Conrad Schuk *Address* cor Lombard & Greene sts

Place of Business, Alex. Ann st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5921

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 29 1901

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Solomon S. ~~Stible~~ Stibbe (Stible)

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 50 *Years,* *Months,* *Days.*

Color, white *Sex,* Male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Clothier

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Holland

Duration of Residence in the City of Baltimore, 22 years in Balt; 22 years

Place of Death, { Give street and number. } Middle Dist State House Residence 42 Harrison

Cause of Death, { First (Primary,) Intemperance

{ Second (Immediate,) Delirium Tremens

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Eden St. Cemetery

Date of Burial, Jan 31

Undertaker, Geo Eckert

Place of Business, 101 Gough St

Edmund Walker M. D.

Coroner ~~Medical Attendant~~

Address 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 593,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles William Peters

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Thirty Two *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Restaurant Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, About 22 year

Place of Death, {Give street and number.} Druid Hill Avenue near Bolton

Cause of Death, First (Primary,) Hepatitis

Second (Immediate,) Hemorrhage of the Liver

Duration of Last Sickness, About 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Milton A. Taylor M. D.

Medical Attendant.

Date of Burial, Friday Jan 29/75

Undertaker, H. C. Wiedefeld

Place of Business, 118½ N Calvert St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5941

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT JAN 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Thomas Simpson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One year *Years,* 11 *Months,* 29 *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 143 North Broadway

Cause of Death, First (Primary,) Teething & Fever

Second (Immediate.) Convulsions

Duration of Last Sickness, I think about 12 hours, but cannot answer certainly

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan. 31. 1875

Undertaker, Matthias L. Darzer

Place of Business, 74 S. Broadway

Milton A. Taylor M. D.

Medical Attendant.

Address 180 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 595

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 595

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN 29
1895
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 28th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Dunham

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 39 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Home mfr.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Somerset Co. Md

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} 116 S. Chester St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate.)

Duration of Last Sickness, 2½ years - Confined to bed for last 4 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, January 30, 1895

{*Undertaker,* McAhan & Darzy

{*Place of Business,* 74 S. Broadway

James A. Steuart M. D.
Medical Attendant.

Address 254 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 596,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany. 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin Strohecker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 40 Durham St.

Cause of Death, {First (Primary,) Meningitis Spinalis

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cimetry

Date of Burial, Jan 29th 2 P.M.

Undertaker, Michael Fanty

Place of Business, No 55 Bank St.

J. M. Carter M. D.
Medical Attendant.

Address 385 West Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition-(whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 597.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augustus Klueber

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* 10 *Months,* 17 *Days.*

Color, white *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Dealer in Provisions

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany (about 16 years in U.S.)

Duration of Residence in the City of Baltimore, about 8 years

Place of Death, {Give street and number.} No 197 Aisquith Street.

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Asthenia

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 31st

Undertaker, Geo. Shilling

Place of Business, No 212 E Monument st & Aisquith

Louis J. Klueber M. D.
Medical Attendant.

Address 197 Aisquith st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 598

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Stanstbury

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 47 Years, ____ Months, ____ Days.

Color, White *Sex,* Single

Married, Single, Widow or Widower, {Cross out the words not required in this line.} not any

Occupation, Back City Sheriff Court

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 10 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Howard & Fillmore Consumption

Cause of Death, {First (Primary.) / Second (Immediate.)} in 4 years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary Richd Sappington M. D.

Date of Burial, Jan 30 2 Oclock Medical Attendant.

Undertaker, George C Rodenmayer *Address* 132 N Gay St

Place of Business, 138 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 599.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 28th 1875 7 P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ella Anita Stanley

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, Years, Three (3) Months, Seventeen (17) Days.

Color, Colored Sex, Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, From the time of birth

Place of Death, { Give street and number. } 66 So. Bethel St.

Cause of Death, { First (Primary.) Bronchitis / Second (Immediate.) Convulsions

Duration of Last Sickness, Seven (7) days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 31st 1875

Undertaker, Samuel Ginn

Place of Business, 12 1/2 Broadway

G. L. Hilkert M. D.
Medical Attendant.

Address 69 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1100

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella Brown

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 82 Years, about ~~Months,~~ ~~Days.~~

Color, Black *Sex,* Widow

~~Married,~~ ~~Single,~~ Widow ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co. Md

Duration of Residence in the City of Baltimore, about 50 years.

Place of Death, {Give street and number.} #6 Forney Alley

Cause of Death, {First (Primary,) Old age
Second (Immediate,) gradual failure for two years.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mary's Cemetery

Date of Burial, Jany 29 1875

{*Undertaker,* J H Chase
Place of Business, No 178 E Howard *Address*

S. W. Owings M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 516

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 27th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Robert Lewis Perkins

Sex, Male ~~or Female~~ { Cross out the word not required in this line. }

Age, ___ *Years,* 1 *Months,* 13 *Days.*

Color, colored *Sex,* male

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, ~~———~~

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, since birth.

Place of Death, { Give street and number. } 30 N. Chapel St.

Cause of Death, { First (Primary) / Second (Immediate.) } Pneumonia. / seven days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallis's Burial Ground

Date of Burial, 29 January 27, 1875 A. F. Eisch M. D.
Medical Attendant.

Undertaker, Theodore Locke

Place of Business, No 65 South Wolf St *Address* 9 & S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4021

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death; said Certificate to be presented sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1873 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 28th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Lewis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 50 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} St Agnes Hospital

Cause of Death, First (Primary,) Tertiary Syphilis

Second (Immediate,)

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, 30th Jan'y

Undertaker, Hughes & Co

Place of Business, Broadway

Edwd F. Michelbacher M. D.
Medical Attendant.

Address 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 103

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of [illegible] or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICAT[illegible]

HEALTH DEPARTMENT JAN 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 28 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John George Neubert

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 72 *Years,* 11 *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Day Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 40 Howard St

Cause of Death, First (Primary,) old age

Second (Immediate,) Chronic Bronchitis - Insufficiency of Valves

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Jan 31.

Undertaker, H. Hofmann.

Place of Business, 63 N. Eden St.

Abram P. Smith M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 604

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 29th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} George Paul Furst

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 3 *Days.*

Color, White *Sex,* male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and Low long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 days

Place of Death, {Give street and number.} 125 Conway St.

Cause of Death, {First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, few hours

All the above Information should be furnished by the Physician.

Place of Burial, Balto County Baltimore County

Date of Burial, Jan 30th Jan 30th

H. Albers M. D.
Medical Attendant.

Undertaker, J. J. Mahon

Place of Business, 18 E. Lombard St Address 95 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish thin forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 605,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, duly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death, and before burial, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James J. Grove

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* 28 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, In the post office Department Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania York

Duration of Residence in the City of Baltimore, Twenty four years

Place of Death, {Give street and number.} 236 George St Baltimore

Cause of Death, First (Primary,) Chronic Diarrhea & Cough - Contracted during the war

Second (Immediate,) Pulmonary Consumption

Duration of Last Sickness, Has been ill 4 months - Sick one year & half

All the above information should be furnished by the Physician.

Place of Burial, In A. Olivet Cemetery

Date of Burial, Jany 30th 1875

M. Hammond M. D.
Medical Attendant.

Undertaker, Chas. A. Forder

Place of Business, No 520 W. Baltimore *Address* 53 N. Paca St Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 606.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 30 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Augusta Bracker~~ 7 o'clock A.M. Jan 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augusta Bracker

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Holstein, Germany. 5 years in U.S.

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} Southern District Police Station

Cause of Death, { First (Primary,) / Second (Immediate,) Suicide by hanging

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 30 1875

Undertaker, Armstrong & Denny

Place of Business, 263 Light St.

M. W. Dorsey M. D.
Coroner
~~Medical Attendant.~~

Address 98 Lee Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 604.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 29th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William M. Sharar

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 17 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, For Life

Place of Death, {Give street and number.} 457 W. Fayette

Cause of Death, {First (Primary,) Consumption, with Pneumonia. Second (Immediate,)

Duration of Last Sickness, Eighteen Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Feb 1

Undertaker, J. B. Crook

Place of Business, 1076 W. Baltimore *Address*

S. T. Knight M. D.
Medical Attendant.

112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 608.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 28 – 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John Gearing

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months.* *Days.*

Color, Colored *Sex,* Male

Married, ~~Single, Widow~~ Widower {Cross out the words not required in this line.}

Occupation, Coachman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Four Years.

Place of Death, {Give street and number.} 23 Orchard St

Cause of Death, First (Primary,) Amyloid disease of Liver

Second (Immediate,) Asthenia

Duration of Last Sickness, About 4 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 30th 1875

Undertaker, [illegible]

Place of Business, 16 Mulberry St

J. E. Atkinson M. D.
Medical Attendant.

Address 209 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 609.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 1 Mo 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Rosenstock

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 3 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Child

Occupation, Child.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Madison Avenue house not numbered

Duration of Residence in the City of Baltimore, 3 Years 8 Mo.

Place of Death, {Give street and number.} Madison avenue.

Cause of Death, {First (Primary,) Croup. / Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Light St Synagogue Ceme

Date of Burial, 1 Mo 31 1875

Undertaker, Moses Langrod.

Place of Business, 87 Gough St

Wm Riley *M. D.*

Medical Attendant.

Address 47 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 620

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucie Turner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 5 *Months,* *Days.*

Color, Black *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 3 Johns alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 3 Johns alley

Cause of Death, First (Primary,) Hooping cough

Second (Immediate,) Convulsions.

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount C. Winslow M. D.

Medical Attendant.

Date of Burial, 30th Jany 75

Undertaker, John C. Jordan *Address* 23 McCulloh St

Place of Business, 43 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 611.

HEALTH DEPARTMENT JAN 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Twenty Eight day of January 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel B. Banks

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Eighty one *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Capitalist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County State of Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 194 Franklin St

Cause of Death, {First (Primary,) Second (Immediate.)} Paralysis & Advanced age

Duration of Last Sickness, a few days, Since Paralytic Stroke in June last

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery Dr. Elzy Martin M. D.

Date of Burial, 31st Jan 1875 Medical Attendant.

Undertaker, Henry W Watkins Son

Place of Business, 16 Light St Address Monument Sq

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 1875 BALTIMORE.

Permit No. 612,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Lewis M. Gossick

~~Sex,~~ *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housecarpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co. Md.

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} 175 S. washington St.

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, 4 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Methodist Ground

Date of Burial, Jan 31st 1875

Undertaker, Hughes & Co

Place of Business, 65 S Broadway *Address* 117 S. Broadway

R. M. Mansfield *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 30 1875 BALTIMORE

Permit No. 613,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 29. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Pickner Childs,

Sex, Male or Female, {Cross out the word not required in this line.} Female -

Age, 42 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married -

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania -

Duration of Residence in the City of Baltimore, Nearly Lifetime

Place of Death, {Give street and number.} 314 E. Baltimore St -

Cause of Death, {First (Primary,) Pleuro-Pneumonia -

{Second (Immediate,) Six days -

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, February 1st 1875

Undertaker, Hughes & Co

Place of Business, 65 S Broadway Address 73 E. Baltimore St

L. W. Hoke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 614,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Airey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 11 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 47 Monroe St Balt City

Cause of Death, {First (Primary,) Convulsions / Second (Immediate.)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January Thirty first

Undertaker, Wm. C. Leonard.

Place of Business, 732. W. Baltimore St

Geo. H. Dare M. D.
Medical Attendant.

Address 91 Frederick Avenue Balt City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

615

Board of Health, City of Baltimore,

Permit No. 615

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 30 1875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 29 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Victoria Agnes Skelly

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} 98 Barre St

Cause of Death, {First (Primary,) Tubercular Consumption
Second (Immediate,)

Duration of Last Sickness, 17 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feby 1st 1875

{*Undertaker,* Jno H. Weaver
Place of Business, Fayette St

Jno Reese M. D.
Medical Attendant.

Address 154 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

616

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 30 1875 BALTIMORE

Permit No. 616

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura S. Bishop

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* 11 *Days.*

Color, White *Sex,* Female

Married, ~~Single,~~ ~~Widow~~ or ~~Widower,~~ {Cross out the words not required in this line.}

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 157. N. Stricker Street

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate.)

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery. A. F. Bell M. D.

Medical Attendant.

Date of Burial, January 31st 1875

Undertaker, W. H. Weaver. *Address*

Place of Business, 82 W. Baltimore St. 306 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 617

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPARTMENT JAN 30 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Benjamin Price's Infant

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — 1 hour ~~Years~~ — ~~Months~~, — ~~Days~~.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 4 Cumberland Str

Cause of Death, { First (Primary,) Not Known,
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Friends B. Ground Hartford Road

Date of Burial, January 30th 1875

Undertaker, Matthias A. Harper

Place of Business, 74 S. Broadway

Mrs E Buchman M. D.
Midwife
Medical Attendant.

Address 120 Bank str

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish in forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person d. and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 30 1875 BALTIMORE.

Permit No. 618

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Anderson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 31 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Engineer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pittsburg Penna

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 10 Johnson St

Cause of Death, First (Primary,) Malarious Pneumonia

Second (Immediate,) Congestion of Lungs

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 31st 1875

Undertaker, Charles F. Herold

Place of Business, 161 Hanover st

D. R. Acker *M. D.*

Medical Attendant.

Address 234 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 30 1875 BALTIMORE

Permit No. 619

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Friday. Jany. 29th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary. Koenig

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 42. Durham St.

Cause of Death, {First (Primary,) Hypertrophy of the Heart

Second (Immediate,) 6 months.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Alleghany Cemetery J.M. Carter M. D.

Medical Attendant.

Date of Burial, Jan 30 "

Undertaker, Ambrose Köhler *Address* 385 West Fayette St.

Place of Business, 244 E. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 30 1875 BALTIMORE

Permit No. 120.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Janua 29th — 1875 —

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mar[redacted]thelmina Bonn.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, Sixty Five *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Female

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lofzon. Prussia — 25 years in U.S

Duration of Residence in the City of Baltimore, Twenty Five Years

Place of Death, {Give street and number.} No 3 Essex St. Canton

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Debility and advanced age

Duration of Last Sickness, Fourteen days

All the above information should be furnished by the Physician.

Place of Burial, Emanuels Cemetary

Date of Burial, 1st of Feb

Undertaker, Geoge Gochtel

Place of Business, 239 Canton Ave

Thomas B. Evans, M. D.
Medical Attendant.

Address No 18 Jackson Square
Balt. City Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS,

HEALTH DEPARTMENT JAN 30 1875 BALTIMORE

Permit No. 621

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 29. 1875. 7. AM.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fanny Allen

~~Son, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* 6 *Months,* 3 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bladensburg Md 1 4 months

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 459 W Payette St

Cause of Death, {First (Primary,) Labor / Second (Immediate,) Eclampsia (Epileptiform)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Bladensburg Louis M Eastman M. D.

Medical Attendant.

Date of Burial, Jan 31st 1875

Undertaker, Thos A Hughes *Address* 349 W Lexington

Place of Business, 101 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 30 1875 BALTIMORE

Permit No. 622,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled~~ *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mercer Hitts

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 6 *Months,* ~~7~~ *Days.*

Color, White *Sex,* Male

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Harrison St. No 90

Cause of Death, {First (Primary,) Dentition

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmell Cemetery J. H. Martin *M. D.*

Date of Burial, Jan 30th 1875 Medical Attendant.

Undertaker, F. M. Gilmore *Address*

Place of Business, 34 Canton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 623,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederika Roderiga

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 68 *Years,* *Months,* *Days.*

Color, white *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Widow

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany in many years

Duration of Residence in the City of Baltimore, many years

Place of Death, {Give street and number.} Residence 67 N. Market Space. Drowned in Dock off the Eldridge wharf opposite Wood St

Cause of Death, {First (Primary,) / Second (Immediate,)} accidentaly drowned

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Swartz Cemetry

Date of Burial, January 31st 1875

{*Undertaker,* Charles Rossing / *Place of Business,* 136. E Fayette st, *Address* 180 Linden Ave

Edmund R Walker M. D.
~~Medical Attendant~~
Coroner 7th P. District

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 0917

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Friday January 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Ann Manly

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Female

Age, Sixty five (65) *Years,* One *Months,* Eleven. *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, *Widow* ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number. If house not numbered, state that fact.} No 19 East John St near Caroline St

Cause of Death, First (Primary,) Uterine

Second (Immediate,) Cancerous condition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, January 31 1875 Sunday 3 P.M.

Undertaker, Richard Hall

Place of Business, 116 E. Baltimore St near Caroline St.

Jno M. Steward M.D.
Medical Attendant.

Address 133 N Exeter St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 125

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 27th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary J. Piercy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hayrun asylum

Duration of Residence in the City of Baltimore, 1 yr 11 mos

Place of Death, {Give street and number.} Cor. Hammond Alley & Spring St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) 2 weeks

From information

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Eastpoll Interfield

Date of Burial, Jany 30 1875

Undertaker, Wm Donovan

Place of Business, 6 Bank St

Attended M. D.

Medical Attendant.

Address Town

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 526

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Easley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Fifty nine *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Boat builder and Night watchman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D. C.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.}

Cause of Death, {First (Primary,) Apthenia

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt^re Cemetery

Date of Burial, January 30th 1875

{*Undertaker,* Charles Rossing

{*Place of Business,* 136 E. Fayette. st

A. E. Stein *M. D.*
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 627

HEALTH DEPARTMENT JAN 30 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth J. Bailey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 44 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 44 years 2 months

Place of Death, {Give street and number.} 205 Orleans Street

Cause of Death, {First (Primary,) Typho Malarial Fever

Second (Immediate,)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. James E. McShane M. D.

Medical Attendant.

Date of Burial, Jan 31st

Undertaker, Eichel Lane

Place of Business, 422 Eutaw *Address* 354 Eutaw Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(628) 628

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JAN 30 1875 BALTIMORE

Permit No. 628

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Father Leonard Hoffman

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, ~~Years,~~ ~~Months,~~ 5 Minutes ~~Days.~~

Color, White *Sex,* Male

~~Married,~~ *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 170 N. Caroline

Cause of Death, {First (Primary,) Unknown

{Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 30th/75

Undertaker, Geo Schilling

Place of Business, No 212 E Monument st

N. W. cor Aisquith st

Jno. S. Latimer M. D.
Medical Attendant.

Address 248 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 30 1875 BALTIMORE

Permit No. 629

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. 629

CERTIFICATE OF DEATH.

Date of Death, January 29th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Crova (Crova)

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, about 58 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Genoa, Italy

Duration of Residence in the City of Baltimore, about 7 years

Place of Death, {Give street and number.} 61 President St Balte

Cause of Death, First (Primary.) Inhalation of Smoke

Second (Immediate.) Double Pneumonia

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Jan 30th

Undertaker, James P Byrne

Place of Business, No 63 N Front St

John Monk M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 30 1875 BALTIMORE

Permit No. 630,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 29. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Coyle

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* 7 *Months,* 4 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Ship carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, 63 yrs 7 months 4 days

Place of Death, {Give street and number.} 65 Hamburg

Cause of Death, First (Primary,)

Second (Immediate,) Typhoid Pneumonia

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, 10 Oclock 31st Jan 75

Theodore Bruce M. D.
Medical Attendant.

Undertaker, Lemmon Fay & Davis

Place of Business, 263 Light St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 30 1875 BALTIMORE

Permit No. 131.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 30. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary Helen Jamison

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} female

Age, 8 – *Years,* 8 *Months,* 9 *Days.*

Color, White *Sex,* female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, entire life

Place of Death, {Give street and number.} 630 W. Lombard St

Cause of Death, First (Primary,) Malegnant Scarlet fever

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jany 31.

Undertaker, W. H. Jamison

Place of Business, Light St

J. H. Patterson M. D.

Medical Attendant.

Address 232 Lemmon St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JAN 30 1875 BALTIMORE

Permit No. 1321

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 30. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Laura Josephine Jamison

~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 10 *Months,* 27 *Days.*

Color, White. *Sex,* female

~~Married,~~ *Single,* ~~Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, entire life

Place of Death, {Give street and number.} 630 W. Lombard St

Cause of Death, {First (Primary,) Malignant Scarlet fever
Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jany 31 - 75

Undertaker, J. H. Lawrence

Place of Business, Eight St *Address* 232 Franklin St

J. H. Patterson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 30 1875 BALTIMORE

Permit No. 1133,

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 24 ~~[illegible]~~ 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~[illegible]~~ Jonne Halillon dau of Hamilton

Sex, Male or Female, {Cross out the word not required in this line.} ..... nal Yellen Confluon

Age, 24 Years, Months, , Days.

Color, Col'd Sex,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 150 Lone Grove Alley

Cause of Death, { First (Primary,) Typhoid Fever
Second (Immediate,)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Burial Cemetery

Date of Burial, January 24

{*Undertaker,* James H Davis
Place of Business, No 12 Sandoga St

John Wheeler M. D.
Medical Attendant.

Address No 99 north St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 631

HEALTH DEPARTMENT JAN 30 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 29th Jan'y 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nicholas Rupel

Sex, Male or Female, {Cross out the word not required in this line.} ---

Age, Sixty *Years,* *Months,* Seventy one *Days.*

Color, White *Sex,* already given. Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Cigar Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hessen Darm Stadt Germany

Duration of Residence in the City of Baltimore, about twenty four years

Place of Death, {Give street and number.} No 177 N. Gay Street

Cause of Death, First (Primary,) Pulmonary Phthisis

Second (Immediate,) Apnoea

Duration of Last Sickness, Disease progressed 3 yrs. Supposed to last 10 days

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Cemetery

Date of Burial, Jan 31st

Undertaker, Geo Heck

Place of Business, No. 24 S. Eden St *Address*

Charles J. Grieser M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 635

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 30 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 1st mo. 30 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Murray Pulzman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 day 4 hours ~~Years,~~ ~~Months,~~ 1 day 4 hours Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 311 Garden St Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} do

Cause of Death, {First (Primary,) Premature birth at 6½ months,
{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem't

Date of Burial, January 30th 1875

Undertaker, Jacob Mauer

Place of Business, No 496 Druid Hill Ave *Address*

Jno Mary Thomas M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 30 1875 BALTIMORE

Permit No. 636.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death, and before burial, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Charles Pulley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 10 *Months,* ——— *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York City

Duration of Residence in the City of Baltimore, 3 mos.

Place of Death, {Give street and number.} 89 S. Howard St.

Cause of Death, First (Primary,) Whooping Cough

Second (Immediate,) Convulsions

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Lamert Cemetery

Date of Burial, Janry. 30. 1875

Undertaker, S. W. Chase

Place of Business, 81 & 82 S. Howard st *Address* 166 W. Fayette St.

W. W. Owings M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 30 1875

Permit No. 1371

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 2d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Robert Jordan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Three *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Chew Street one door from Central Avenue

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Suppression of Urine

Duration of Last Sickness, Had 2 wks

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, Jan 31st 1875

Undertaker, Henry Wilkens

Place of Business, 64 N Gay St *Address*

Milton A Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE JAN 30 1875

Permit No. 138,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Januar 29th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretha Lange. (Lange)

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 66. *Years.* 4 *Months,* / *Days.*

Color, Wthe. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Handwork~~ Widow

Occupation, Needlework

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Forchbach - in Baden Germany

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} 34 Thames Street

Cause of Death, First (Primary,) Dropsie

Second (Immediate,)

Duration of Last Sickness, 12 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Paul Gem

Date of Burial, Jan 31.

Undertaker, L. Bates

Place of Business, 26. Thames St. *Address*

Chas F. Hamel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 30 1875 BALTIMORE

Permit No. 139

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Boon

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 9 *Years,* 6 *Months,* 22 *Days.*

Color, colored *Sex,* male

~~Married,~~ *Single,* ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number.} 9 Herrings Court,

Cause of Death, First (Primary,) Pericarditis.

Second (Immediate,)

Duration of Last Sickness, four days.

All the above information should be furnished by the Physician.

Place of Burial, Dallis 1st Burial Ground

Date of Burial, January 30th 1875

A. F. Erich *M. D.*
Medical Attendant.

Undertaker, Theodore Locke

Place of Business, 645 Wolfe St *Address* 9 & S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 30 1875 BALTIMORE.

Permit No. 6470,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *duly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helen Gunther

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 2 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City of Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 22 E. Balt. St

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Acute Oedema of Lungs

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 31 1875

Undertaker, R. Hall

Place of Business, E Balte *Address*

G. Liebmann M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1241

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 29 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace adopted child of Mary Stackpole

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, one *Years,* six *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City (?)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 53 Centre Market

Cause of Death, First (Primary,) Croup

Second (Immediate,) asphyxia

Duration of Last Sickness, 4 days — moravilla.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, January 31st

Undertaker, James Byrne 63 Front St

Place of Business, *Address*

N Pittoraw M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1472

HEALTH DEPARTMENT JAN 30 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 30. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Kilian Waldhausen

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, One *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 342 Orleans, Pl,

Cause of Death, First (Primary,) Teething

Second (Immediate,) Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Ft. Avenue Cem

Date of Burial, Jan 31 st p.m. (4 P.M.)

G. Hamill, M. D.
Medical Attendant.

Undertaker, John Young

Place of Business, 97 Hillen

Address Baltimore Highlands

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 643.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 29th 4 P.M. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Croskay

~~Sex~~; *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, white *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, House Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. 33 yrs.

Place of Death, {Give street and number.} University Hospital

Cause of Death, {First (Primary,) Chronic Pneumonic Phthisis
Second (Immediate,) Exhaustion

Duration of Last Sickness, Two weeks under observation

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery. J. C. Worthington M. D.
Medical Attendant.

Date of Burial, January 31st 1875.

Undertaker, Wm. H. Hickman *Address* Cor Frank & Lombard Sts.

Place of Business, 2370 E. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 0144

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, duly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Estella Nelson Elliot

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* Five *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} 150 Barre

Cause of Death, {First (Primary,) / Second (Immediate,)} Cerebral Effusion

Duration of Last Sickness, 4 Sundays

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 1st

Undertaker, J. B. Blackiston & Son

Place of Business, 606. W. Balt. St *Address*

G. A. Hoffman *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6455

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 30th 75. 4 a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary J. French

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* 5 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 50 Chesapeake St.

Cause of Death, First (Primary,) Pertussis

Second (Immediate,) Cerebral Congestion.

Duration of Last Sickness, 3 wks.

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Graveyard

Date of Burial, January 31st 1875

H. T. Reynolds M. D.
Medical Attendant.

Undertaker, H. H. Gibney Jr.

Place of Business, 361 Canton Ave. *Address* 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 646. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Sears

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* 3 5 *Days.*

Color, White *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 40 S. Caroline St

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 40 S. Caroline St

Cause of Death, {First (Primary,) ——— Second (Immediate,) Pyæmia

Duration of Last Sickness, Twenty four Hours.

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, Feb 1st

{*Undertaker,* James P Byrne
{*Place of Business,* No 63 N Eden St *Address* 137 Aisquith St.

A. J. Gr. Jr. *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6471

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 30th January

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Barry

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 90 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Somerset st

Cause of Death, {First (Primary,) / Second (Immediate,)} Infirmity

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenstown

Date of Burial, Jan 31

Undertaker, Wm H Hickman

Place of Business, Guy St

Jno Burke Boyle M. D.
Medical Attendant.

Address 174 E Eager st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6481

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 28th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josia Hawkins

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Colored *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Labourer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Rose county Florida

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number.} Rear of 103 Eastern Ave.

Cause of Death, {First (Primary,) Typhoid fever / Second (Immediate,)

Duration of Last Sickness, 20 Days

All the above information should be furnished by the Physician.

Place of Burial, Dallis St Burial Ground

Date of Burial, January 31st 1875

{*Undertaker,* Theodore Eccles / *Place of Business,* 65 South Wolfe St} *Address* NE Cor Gough & Eden

I hereby certify that I attended deceased from Jany 8th 1875 to Jany 28th 1875 that I last saw deceased alive on Jany 28th 1875 and that the above statement of the cause of death is true to the best of my knowledge and belief.

G A Schultz M.D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6491

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Elizabeth Smyth

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, two Months, 11 Days.

Color, White Sex, Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Maryland

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 57 Wyeth Street

Cause of Death, {First (Primary,) Epilepsy Malarious Fever.
Second (Immediate.)

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 1 1875

{*Undertaker,* Charles F. Herold
Place of Business, 161 Hanover st.

A. McC. Williams M. D.
Medical Attendant.

Address 166 S. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 650

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Jacob E. Stevens

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Nineteen *Years,* *Months,* Seventeen *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, X

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 63 Wordyear St

Cause of Death, {First (Primary,) Pulmonary Consumption
Second (Immediate,)}

Duration of Last Sickness, ~~Three Days~~ Ten months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feby 7th 1875

Undertaker, J B Cook No 707

Place of Business, Baltimore above Schroder

Thomas Sloan *M. D.*
Medical Attendant.

Address 99 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 651

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Henry Maurice

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} 21 Locke St

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, 3 1/2 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, Feb - 1st

Undertaker, George Froehlich

Place of Business, 339 Canton Av

James E. Donnelly *M. D.*
Medical Attendant.

Address 299 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 652,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* Three *Months,* *Days.*

Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 37 Chestnut st

Cause of Death, {First (Primary,) Tubercle of Brain
{Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 31st 1875

Undertaker, William R. Dunge

Place of Business, 104 East st.

E. C. Baldwin M. D.
Medical Attendant.

Address 124 n. Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 653

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 29. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Brown

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 6 *Years,* 11 *Months,* *Days.*

Color, Color Bright *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Balto Montgomery st cor 61

Cause of Death, First (Primary,) Hooping Cough

Second (Immediate,)

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Samuel. Cemetery

Date of Burial, Jany 31 1875

Undertaker, J. W. Chase

Place of Business, No. 198 Howard St

J Shelby M. D.
Medical Attendant.

Address 240 S. Eutaw St Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6074

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 31 1875 BALTIMORE.

Date of Death, Jany 30 — 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs Ann Handy

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 75 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Widow

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, Bate Baltimore

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Bate

Place of Death, { Give street and number. } 1 Frederick st 4th

Cause of Death, { First (Primary,) Neuralgia Im Lungs
Second (Immediate,) one week

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 1 1875

{ *Undertaker,* Sam'l H Chase

{ *Place of Business,* No 192 W Howard St *Address*

Bunker Jones *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1 5 3,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Brenner

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 9 ~~10~~ *Years,* 5 *Months,* 16 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 94 St Peters st

Cause of Death, {First (Primary,) Typhoid Fever
Second (Immediate,)}

Duration of Last Sickness, 29 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, February 1st

Undertaker, L. S Maiher

Place of Business, Cavendish Row st. *Address* 76 Hanover st

Medical Attendant. Jas Hurney *M. D.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 456,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 29. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Higgelbohm

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, One *Years,* four *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 16 months

Place of Death, {Give street and number.} 16 Raymond ct.

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cimitory

Date of Burial, Nov 31 1875

Undertaker, William Monroe

Place of Business, No 10 E. Eutaw St

Geo. H. Hartman M. D.
Medical Attendant.

Address 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

HEALTH DEPARTMENT FEB BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Lennard

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 15 years

Place of Death, {Give street and number.} 25. S. Republican

Cause of Death, First (Primary,) Puerperal Fever

Second (Immediate,) ~~about one week~~

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Saint Peters Ber Edwd F. Mulholland M. D.

Date of Burial, Feb 2nd 1875 Medical Attendant.

Undertaker, Jacob Heaver

Place of Business, *Address* 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1581

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 30

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Fernandis Champion

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 3 *Months,* 3 *Days.*

Color, black (mulatto *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 421 Saratoga St

Cause of Death, First (Primary,) Phthisis by inheritance

Second (Immediate.) Probably Bronchitis or Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 1 1875

Undertaker, Wm. D. Gray

Place of Business, Melberry St.

Edmund R Walker M. D.
Medical Attendant.
Coroner 3rd P. District
Address 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 659.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE FEB 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 30 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Evalina Van Rhaden

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 30 *Years,* *Months,* 19 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Gumany

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} 313 Eastern Avenue

Cause of Death, First (Primary,) Childbirth

Second (Immediate,) Malformation of Pelvis Embryotomy.

Duration of Last Sickness, In Labor 4 days

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Graveyard Wm B Arnold M. D.

Date of Burial, Feb 1. Medical Attendant.

Undertaker, L Beyer.

Place of Business, 9 Broadway. No 18. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 660.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT FEB 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James O'Leary

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 11 years & 5 months

Place of Death, {Give street and number.} 19 Stockton st

Cause of Death, {First (Primary,) Asthma

{Second (Immediate.) " "

Duration of Last Sickness, Confined to house 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters C Winslow M. D.

Medical Attendant.

Date of Burial, Feby 1st 1875

{*Undertaker,* George Saffren *Address* 23 McCulloh st

{*Place of Business,* 121 Pa Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 661

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 29th - 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs Bridget Glenn -

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, Seventy *Years,* —— *Months,* —— *Days.*

Color, White —— *Sex,* Female -

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, { Cross out the words not required in this line. }

Occupation, none -

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland -

Duration of Residence in the City of Baltimore, many years -

Place of Death, { Give street and number. } 60 Mulberry Street -

Cause of Death, { First (Primary,) / Second (Immediate,) } Pneumonia.

Duration of Last Sickness, 14 days -

All the above information should be furnished by the Physician.

Place of Burial, New Castle County

Date of Burial, Feb 1st 1875

Undertaker, Jos F Byrne

Place of Business, 57 n Liberty St

R. H. Goldsmith, M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 662,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 30 - 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James S. Robinson.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male.

Age, About 77 *Years,* —— *Months,* —— *Days.*

Color, White. *Sex,* Male.

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.} Widower.

Occupation, Merchant.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co. Md.

Duration of Residence in the City of Baltimore, 65 years.

Place of Death, {Give street and number.} Brown's Hotel - No. 119 N. High St

Cause of Death, First (Primary,) Phthisis and Chronic Tubular Disease,
Second (Immediate.) involving the Aortic and Mitral Valves.

Duration of Last Sickness, Seven years sick, confined to the house two months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Feb. 1st 1875

Undertaker, Chas. A. Carden

Place of Business, No 520 W. Balt St

Jno. P. Powell M. D.
Medical Attendant.

Address No. 92 E. Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 663,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Bedeker

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 8 years *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 173 Columbia St.

Cause of Death, {First (Primary,) Phthisis, Chronic —
Second (Immediate,)

Duration of Last Sickness, Some time

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 14 1875

Undertaker, Peter Kenmark

Place of Business, 317 Mulberry St

J. H. Keller M. D.
Medical Attendant.

Address 89 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 664.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary C Dunn

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Sales-Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, 26 years.

Place of Death, {Give street and number.} 314½ Mulberry St

Cause of Death, {First (Primary,) ; Second (Immediate,) Pneumonia

Duration of Last Sickness, 11 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters (R.C.) Cemetery

Date of Burial, Feb 1st 1875

{*Undertaker,* Lange & Boyle

{*Place of Business,* 594 W. Lexington St *Address* 879 W. Lombard St

H. L. Stein *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 665

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 30th 1875 5½ P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Gilmor

~~Sex~~, *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Retired Gentleman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} Hoffman St. near Park Avenue

Cause of Death, First (Primary,) Atheromatous Process of Arteries

Second (Immediate,) Central Paralysis

Duration of Last Sickness, About five months

All the above information should be furnished by the Physician.

Place of Burial, 1st Presbyterian Cemetery Green & Fayette

Date of Burial, 1st Feby 1875.

Undertaker, Hyn. Jenkins & Son

Place of Business, 16 Light St

G. Halsted Boyland M. D.
Medical Attendant.

Address 88 Cathedral St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 666,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph McCracken

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 59 *Years,* 11 *Months,* 30 *Days.*

Color, White *Sex,* Male

~~Married~~, ~~Single~~, ~~Widow~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Mercantile

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania 25 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 291 Light St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate.)

Duration of Last Sickness, I have only been in attendance short time. The case abandoned by another Physician

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Feb 2d 1875

Undertaker, Armstrong Jenny

Place of Business, 263 Light St *Address* 17 Warren St

H. D. Noble M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 669

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 31st 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Mc Alee & Infant

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Seven Months, Three Days.

Color, Sex, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 186 Forest St

Cause of Death, { First (Primary,) Inflamation Brain
Second (Immediate.) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemt

Date of Burial, Feb 1st

Undertaker, John J Rodenmyer *Address*

Place of Business, N E Cor Fremont and Monument St

W J Baker M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1681

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB
1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Mary Fahey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} Institution of Little Sisters of the Poor

Cause of Death, {First (Primary,) Phthisis / Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Texas Balto. Co

Date of Burial, Feb - 2 -

Undertaker, John I Rodenmaya *Address* 174 E. Eager st.

Place of Business, W E & or Greenmount ave & Monument St

H. Brooke Boyle M.C. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 669

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 30th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria E. Edmondson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, About 54 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Easton Talbot Co Md

Duration of Residence in the City of Baltimore, About 10 years

Place of Death, {Give street and number.} No. 72 Centre Street.

Cause of Death, First (Primary,) Cancer Uteris

Second (Immediate.) Exhaustion.

Duration of Last Sickness, About twelve months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Feb 1st

Undertaker, Jno H. Weaver

Place of Business, Fayette St

W. D. Wilson M. D.
Medical Attendant.

Address 146 Park Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 670.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 31st 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cora Proctor,

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* One *Months,* Seventeen *Days.*

Color, White *Sex,* Female,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md No 447 E Fayette st

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} No 447 E Fayette,

Cause of Death, {First (Primary,) / Second (Immediate,)} Over Dose Laudanum

Duration of Last Sickness, 22 hours,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery J. Ridgway Andrè M. D.
Medical Attendant.

Date of Burial, Feb 3d 1875

{*Undertaker,* Wm Fry Address No 121 E Balto st Alley
{*Place of Business,* 54 h Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 671

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Petrus Schreiber

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* six *Months,* ten *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} N° 122 Sterling Street

Cause of Death, {First (Primary,) Meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, February 2 16

{*Undertaker,* Andrew Kohler

{*Place of Business,* 241 E Lombard St

W. T. Trautman M. D.
Medical Attendant.

Address N° 107 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1172,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febr. 1st.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Schmidt.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 6 *Months,* 20 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 43 S. Durham Street

Duration of Residence in the City of Baltimore, circa 4 months

Place of Death, {Give street and number.} 43 S Durham Street

Cause of Death, {First (Primary,) Lathar fever & Dentition

{Second (Immediate.)

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, Ally Sons Cemetery

Date of Burial, February 2nd

{*Undertaker,* Ambrose Keller

{*Place of Business,* 744 E Lombard St *Address*

B Hamel M. D.
Medical Attendant.
156 S Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 673,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 31st 187

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Pumphrey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Oysterman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Montgomery Co

Duration of Residence in the City of Baltimore, 11 mos

Place of Death, {Give street and number.} Balto. Harbor

Cause of Death, {First (Primary,) Falling overboard

Second (Immediate.) Accidentally ~~Supposed~~ drowned

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Earl's Point, Field

Date of Burial, Jan 31st, 1875

Undertaker, Wm. Duncan

Place of Business, *Address* Fawn & Exeter Sts

Wm. Kelly M. D.
Medical Attendant.
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 31 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Mallett

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 4 *Years,* *Months,* *Days.*

Color, ~~Light~~ Col'd *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hill St No 114

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Montgomery St abt 61

Cause of Death, { First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Eight Months,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery 2 Shelby

Date of Burial, February 1st 75

Undertaker, James H Davis

Place of Business, 1012 Saratoga

Address 200 S. Exeter st

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

675

Permit No. 675.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marg. Kuhn

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 34 yrs.

Place of Death, {Give street and number.} 387 Canton ave

Cause of Death, {First (Primary,) / Second (Immediate.)} Inflammation of bowels,

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, H. Ab Johannes

Date of Burial, February 3th 1875. R. H. Mansfield *M. D.*

Medical Attendant.

Undertaker, H. & G. Gibmeyer

Place of Business, 341 Canton Ave. *Address* 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 676

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 676.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Agnes Jones

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 8 *Months,* *Days.*

Color, Black *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 18 Months

Place of Death, {Give street and number.} 13 Harmony Lane

Cause of Death, First (Primary,) Tabes Mesenterica

Second (Immediate,)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Harlest Cemetery

Date of Burial, Feb 1. 1875

Undertaker, S. W. Chase

Place of Business, 213 & 198 Thomas [illegible] *Address* 143 Mulberry st

J. J. Darling M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish in forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person d, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

677

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 677.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 31st. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eva Kursch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 2 *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltm. Co

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 16 N. Castle St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) 6 mos.

Duration of Last Sickness, from information

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Feb. 2d. 1875

Undertaker, Jno. Braun

Place of Business, 77 S. Wolf St

Thos. Kelly M. D.

Medical Attendant.

Coroner

Address Paca & Eutaw Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 678.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 31st 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Edward Brown

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* 3 mos *Months,* 8 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Co.

Duration of Residence in the City of Baltimore, 3 mos 8 days

Place of Death, { Give street and number. } 141 N Gay st

Cause of Death, First (Primary,) Capillary Bronchitis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb 2nd

Undertaker, James Byrne

Place of Business, 630 W Fayette st

J A Warner M. D.

Medical Attendant.

Address 15 E Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 479.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Eckert

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cabinet Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 48 Years

Place of Death, {Give street and number.} Union Prot. Infirmary

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 2d

Undertaker, Andrew Leitz

Place of Business, 118 Druid St. Ext

Chas Fawcett M. D.

Medical Attendant.

Address U. P. Infirmary 493 Mosher St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1801

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} [illegible]

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, _____ *Years,* [illegible] *Months,* _____ *Days.*

Color, [illegible] *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, _____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} [illegible]

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number.} [illegible]

Cause of Death, {First (Primary,) [illegible]
Second (Immediate,) _____

Duration of Last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

M. D.
Medical Attendant.

Undertaker, Joseph F Byrnie *Address* _____

Place of Business, 59 n Liberty st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 181

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 30th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Poppenheimer

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, 53 *Years,* — *Months,* — *Days.*

Color, White *Sex,* female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, twenty two years.

Place of Death, {Give street and number.} 46 N. Caroline

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) —

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Eden St. Cemetery B. F. Coyner M. D.

Date of Burial, 2 Feby 1875 Medical Attendant.

Undertaker, E. Herzog *Address* 129 N. High

Place of Business, 51 N. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1,82,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 21st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie Thomitz Foot

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ~~Three~~ Not (2) *Years,* & Few *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 20 Jordan Alley

Cause of Death, { First (Primary,) Rachitis
Second (Immediate,) Acute Bronchitis

Duration of Last Sickness, About one month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, 2nd February

{ *Undertaker,* Jacob Weaver
Place of Business, 426 Druid Hill Ave

J E Atkinson M. D.
Medical Attendant.

Address 209 Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 2 1875

Permit No. 683,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 1st '75.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stephen Lander (Sands)

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 35 *Years,* — *Months,* — *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 116 Ensor Street

Cause of Death, First (Primary,) Hemiplegia Phthisis

Second (Immediate,) Exhaustion.

Duration of Last Sickness, 6 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cem.

Date of Burial, Feb 3d

Undertaker, Jas F Byrne

Place of Business, 63 Front St

Thos F Kenealy M. D.
Medical Attendant.

Address 133 E Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 684

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 31st 1875 4 o'clock P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick McAdams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* 4 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Carter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Twenty three years

Place of Death, {Give street and number.} 251 East Fayette st

Cause of Death, First (Primary,) Adynamia — " "

Second (Immediate.) Debility — " "

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross cemetery

Date of Burial, Feb 3rd

Undertaker, James L Byrne

Place of Business, No 63 N. Howard St

A. Negri Shertzer *M. D.*
Medical Attendant.

Address 117 East Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 185.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 1th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Fitzinger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57. *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kupel

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Granby No 72

Cause of Death, First (Primary,) Tuberculosis of the lungs

Second (Immediate,) Fever and exhaustion

Duration of Last Sickness, six years

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews German Lutheran church Grave yard

Date of Burial, 2th of February

Undertaker, [illegible] Rosing

Place of Business, [illegible] E. Fayette

M. D.

Medical Attendant.

× E. Reinhardt

× Reinhardt

Address 224 W Fayette Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 686,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 31 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Kinkel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 42 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 259 N Dallas -

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery Abram B Hunkel M. D.

Medical Attendant.

Date of Burial, 2/6 2/75

Undertaker, Ch: Rassieg

Place of Business, 136 E Fayette *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6871

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 1st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Friedrich Rauch

Sex, Male or Female, {Cross out the word not required in this line.} Male "

Age, 19 *Years,* 11 *Months,* 17 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Cooper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Burgundy Alley No. 134.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Asphyxia

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Feb. 3d 75

Undertaker, Edward Hurtel

Place of Business, No. 11, Exeter

Address 116 Columbia St.

A. J. Buddenbaum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1881

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 31st.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Bohlayer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Four *Years,* *Months,* 2 6 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 316 Eastern Av

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Convulsions

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, February 2d 2 P.M.

C. Edward Miller M. D.
Medical Attendant.

{*Undertaker,* Michael Sunk *Address* 143 S. Broadway
{*Place of Business,* No 33 Bank St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 689,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James King

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Twelve *Years,* Three *Months,* Two *Days.*

Color, White *Sex,* Male

~~Married~~, *Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

Occupation, Student

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Twelve years & Two months

Place of Death, {Give street and number.} 1284 N Bond St

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,)

Duration of Last Sickness, Ten weeks

All the above information should be furnished by the Physician.

Place of Burial, Bull Cemetery

Date of Burial, January 2

Undertaker, Wm Fry

Place of Business, 54 N Broadway

A Kaufman *M. D.*

Medical Attendant.

Address 305 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 690.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Charles John Steinmann

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 13 Months — *Days.*

Color, White *Sex,* male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 13 months

Place of Death, {Give street and number.} Pearl Street No. 85.

Cause of Death, {First (Primary,) Scarlatina / Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February the 2

Undertaker, H. Schultheis

Place of Business, 195 S. Gilmor St.

Moris Wiener M. D.
Medical Attendant.

Address 249 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1911

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Clark

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, d *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Catonsville Maryland

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} Little McElderry 22 no 86

Cause of Death, First (Primary,) Consumption

Second (Immediate.)

Duration of Last Sickness, 2 wyears

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 2nd 1875

E. C. Baldwin M. D.
Medical Attendant.

Undertaker, J. Hall

Place of Business, 176 East Balto *Address* 124 n. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6921

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 1st 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Mc Sweeney

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 11 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } N. E. Cor Dallas & Hanover Sts

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,) Six days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross grave yard

Date of Burial, Feb 3 at 3 Oclock P.M.

M. D.
Medical Attendant.

Undertaker, Geo. C. Rodemayer *Address* 137 Baltimore St.

Place of Business, 38 Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 693,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2 Mo 1st Wk 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} No Name James & Mary Robins

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, *Years,* *Months,* 10 hours *Days.*

Color, White *Sex,* female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Child.

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 49 George S.

Duration of Residence in the City of Baltimore, 8 hours

Place of Death, {Give street and number.} 49 George

Cause of Death, {First (Primary,) want of vitality sinking from Birth
Second (Immediate,) Atrophy

Duration of Last Sickness, 10 hours after birth

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsis

Date of Burial, Feb 2nd

{*Undertaker,* Jacob Weaver
Place of Business.

M. D.
Medical Attendant.

Address W. Riley
49 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vitol Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6944

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 1st.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Norma Clark (Maroney)

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, Three *Years,* Seven *Months,* *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 1180 South Fremont Street

Cause of Death, {First (Primary,) Pneumonia
Second (Immediate,) Asphyxia

Duration of Last Sickness, four days 8h

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 3d 1875

Undertaker, John S Bacher

Place of Business, No 150 Caroline st

John Alderdice M. D.
Medical Attendant.

Address No 15 N Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 695,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 2d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Conrad Schmidt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* 4 *Months,* 6 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} German Empire. Said U. State 25 years

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 1116 North East Av.

Cause of Death, First (Primary,) Inflammation of left shoulder joint & necrosis of the bone of same

Second (Immediate,) Exhaustion - (Necrosis)

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Felis Point Cemetery

Date of Burial, February 4th 1875

Undertaker, Peter Schultheis

Place of Business, 493 Central Ave

C. F. Van Bibber M. D.
Medical Attendant.

Address 1187 E. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1960

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Schober

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 11 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 116 Eichth St

Duration of Residence in the City of Baltimore, 11 months

Place of Death, {Give street and number.} 116 Eichth St

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,) Spasm

Duration of Last Sickness, 11 Days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 2nd 1875

Undertaker, Charles A Herold

Place of Business, 111 Hanover St

Edward Krauss *M. D.*
Medical Attendant.

Coroner

Address 98 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1971

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 2
1875
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gerdrath E. Denhardt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* —— *Months,* 22 *Days.*

Color, White *Sex,* Male

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number.} 324 S Charles

Cause of Death, {First (Primary,) Phthisis
Second (Immediate.) Pneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem. *Thurston Cort Le* M. D.
Medical Attendant.

Date of Burial, Feb. 4th 1875.

{*Undertaker,* Julius Koehler *Address* 146 Hanover St
{*Place of Business,* Cor. Sharp & Crafort

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 698

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} G. W. Barow + Annie Barow

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Months, 3/4 Days.

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ridgely st near Fremont st

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Ridgely st near S. Fremont st

Cause of Death, First (Primary,) Cyanosis

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery Geo. W. Benson M. D.

Date of Burial, Feb 2nd 1875 For

Undertaker, John Meeker Mrs. Margt. A. Richmond midwife

Place of Business, No 150 Camden st *Address* 183 Lee st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 699.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 2d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hugh Grimes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Sixty nine *Years,* — *Months,* — *Days.*

Color, White *Sex,*

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County Tyrone Ireland

Duration of Residence in the City of Baltimore, Forty Years

Place of Death, {Give street and number.} Madison & ~~Bridge~~ St Buren Sts

Cause of Death, First (Primary,) Cold

Second (Immediate,) Pneumonia

Duration of Last Sickness, Eleven Days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery

Date of Burial, Feb 3d 1875

Undertaker, James D Byrne

Place of Business, N° 63 n/ Fren 1st

Charles A Doman M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7001

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 2 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma L. Seidel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* *Months,* *Days.*

Color, White *Sex,* Female.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, At Home.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington City

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 45 N. Eutaw st. Balto

Cause of Death, First (Primary,) Chloroid.

Second (Immediate,) Phthisis.

Duration of Last Sickness, about five months.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 2nd 1875

{*Undertaker,* Thos S Hughes

Place of Business, 60 E Balto st

Jno Dietz M. D.

Medical Attendant.

Address 20 Indiana Avenue

Extract from Regulations of the Board of Health to Secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 701.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie Burley.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 10 *Months,* 10 *Days.*

Color, Colored *Sex,* Female

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 10 mo.

Place of Death, {Give street and number.} 128 Lee St.

Cause of Death, {First (Primary,) ——
Second (Immediate,) Convulsions

Duration of Last Sickness, 6 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Garrett & Mertens

Date of Burial, Feb 2 1875

Undertaker, S McShane

Place of Business, 217 & 219 W Lombard St

R. J. N. Tall M. D.
Medical Attendant.

Address 158 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 702,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Roberts

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co. Md

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, {Give street and number.} 13 Bruce St.

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 3. 1875.

Undertaker, [illegible] W. Chase

Place of Business, No 19 E. Howard st *Address*

John Neth M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 703,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucretia Harrison

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~Married, Single~~, *Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 38 Years

Place of Death, {Give street and number.} 67 Hansburg St.

Cause of Death, {First (Primary,) Organic Disease of Heart

{Second (Immediate.) 4 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 3rd 1875

{*Undertaker,* Chas. O'Donnell

{*Place of Business,* 101 Hanover St.

W. O. Noble M. D.
Medical Attendant.

Address 17 Warren St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7041

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 1st P.M. 1875

Full ~~Name of~~ Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Smith

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, about 35 *Years,* *Months,* *Days.*

Color, white *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, unknown

Birthplace, {State or country (and how long in the United States, if of foreign birth.} "

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number.} University Hospital

Cause of Death, First (Primary,) Chronic Pneumonic Phthisis

Second (Immediate,) Exhaustion

Duration of Last Sickness, one month under observation

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

J. C. Worthington M. D.
Medical Attendant.

Address Cor Greene & Lombard Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 715,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Charley Keller

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Five *Years,* five *Months,* twenty two *Days.*

Color, White *Sex,* male

~~Married~~ *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number.} 225 Alice Anna St,

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) "

Duration of Last Sickness, Six weeks.

All the above information should be furnished by the Physician.

This Premises from the Coroner

Place of Burial, St Pauls Cemetery

Date of Burial, January 9th 1875

{*Undertaker,* Unknown

{*Place of Business,* ——

A. F. Erich M. D.

Medical Attendant.

Address 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 706.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 1. 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andreas Danner

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* 3 *Days.* 8

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 143 Dover St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Paralysis

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 3. 1875

Undertaker, H. Roy Berry

Place of Business, 606 W. Howard St.

J G Womble M. D.

Medical Attendant.

Address 203 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 707,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizebeth C. King

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 29 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 103 Croft St

Cause of Death, {First (Primary,) Diphtheritic Croup

Second (Immediate.) Diphtheritic Croup

Duration of Last Sickness, 4 or 5 days - but child was only 5 hours old first visited it

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Feb 3rd 1875

Undertaker, Anthony Denny

Place of Business, 263 Light St

H. B. Noble M. D.
Medical Attendant.

Address 17 Warren St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 708,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 1st " 1875 "

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Emma Lloyd,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* — *Months,* 15 *Days.*

Color, — *Sex,* Fem,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, 4 yrs 15 days

Place of Death, {Give street and number.} 114 Grass St,

Cause of Death, {First (Primary,) — Second (Immediate,) Scarlet Fever.

Duration of Last Sickness, 27 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetg

Date of Burial, Feb 3d 1875

Undertaker, Mathews & Sons

Place of Business, 263 Light

R. J. H. Tall M. D.
Medical Attendant.

Address 158 S. Sharp St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 709.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Barrett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* Five *Months,* twenty four *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} E. Eager St, Balto, Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 415 E. Eager St.

Cause of Death, First (Primary,) Intestinal Hemorrhage

Second (Immediate,) Exhaustion

Duration of Last Sickness, Four days

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, February 3rd

Undertaker, Geo Stilling

Place of Business, Mount Vernon Address 350 N. Broadway

W. H. White, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 710

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Flemming Brooks

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, 1 5 Months, 10 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city Md

Duration of Residence in the City of Baltimore, all it life

Place of Death, {Give street and number.} No 285 E Pratt st Balto city

Cause of Death, {First (Primary,) Scarlet Fever
Second (Immediate,)

Duration of Last Sickness, about 17 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, ~~January~~ Feb'ry 3. 1875

{*Undertaker,* Mathias A. Daye
{*Place of Business,* 74 S. Broadway

I Ridgway Andre M. D.
Medical Attendant.

Address No 121 E Balto St. city

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

FEB 2 1875 BALTIMORE MD.

Permit No. 711.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francella Herbert

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.} Widowed

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, 55 Years.

Place of Death, {Give street and number.} N. W. Cor Penn & Columbia Sts

Cause of Death, {First (Primary,) Phthisis
Second (Immediate,)

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Louis (R.C.) Cemetery

Date of Burial, Feb 4th 1875

{*Undertaker,* Chas T Sexton
Place of Business, 271 N Eutaw St *Address*

H. L. Spicer M. D.
Medical Attendant.

379 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 912

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 2. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. A. Kenh

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} —

Age, *Years,* Sixteen *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Sixteen months

Place of Death, {Give street and number.} No. 392 N. Lexington Street

Cause of Death, First (Primary,) Cold

Second (Immediate,) Diphtheria

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, February 4

Undertaker, Jacob Wenner *Address* 306 N. Fayette Street

Place of Business, Druid Hill Avenue

Chas. N. Neff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 713,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 2d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Martin Epple

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Forty seven *Years,* two *Months,* Twenty seven *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany. 22 Years in the United States

Duration of Residence in the City of Baltimore, about 20 Years

Place of Death, {Give street and number.} 1:258 Chase St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate.) Asthenia

Duration of Last Sickness, about five Years

All the above information should be furnished by the Physician.

Place of Burial, St Pats House 62 — C. J. Trautman M. D.

Medical Attendant.

Date of Burial, February 4 1875

Undertaker, H. Hook Address 1:187 E. Fremont St

Place of Business, 309 Central Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7141

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 2/1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Wefel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 22 Twenty two Months, eleven Days.

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, its entire life

Place of Death, {Give street and number.} S Charles Street 320.

Cause of Death, First (Primary,) Inflammation of Subscapulary Ligament

Second (Immediate.) Pneumonia

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Feb 4th

Undertaker, H Brice Hannett N.80

Place of Business, Henrietta A 81

A Friedenwald M. D.

Medical Attendant.

Address 88 W Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 715

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Friday January 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Count Adolph Ferdinand Salomon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, One *Years,* 8 *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Infant

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Berlin - Prussia

Duration of Residence in the City of Baltimore, 15 months Balto

Place of Death, {Give street and number.} No 10 Waverly Terrace Carey St -

Cause of Death, First (Primary,) Diptheritic Croup

Second (Immediate,) Suffocation

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery Adolph A Powell M. D.

Medical Attendant.

Date of Burial, 24 January

Undertaker, Jos Loane *Address*

Place of Business, 678 West Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 716,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Kilpatrick

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Two *Years,* Nine *Months,* Seventeen *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 127 North Central Avenue

Cause of Death, {First (Primary,) Scarlatina

{Second (Immediate.) Congestion of the Brain

Duration of Last Sickness, About Three week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, July 3.

Undertaker, H. Hofmann

Place of Business, 463 N. Eden St. *Address*

Milton L. Taylor *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 717.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febuary 1st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Hoyle

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, (about) 40 *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, House work & washing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} unknown

Duration of Residence in the City of Baltimore, " "

Place of Death, {Give street and number.} No. 106 Broun st.

Cause of Death, {First (Primary,) Heart disease
Second (Immediate,) unknown

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 3d 1875

Undertaker, Bosh & Co

Place of Business, 45 mulb, st

F. B. Gardner *M. D.*
Medical Attendant.

Address 121 Mulberry st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 718,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 2nd 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Samuel W. Ellis

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age Twenty-Eight *Years,* *Months,* *Days.*

Color, *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Clerk in Gent. Furnishing Store

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Twenty-eight years

Place of Death, { Give street and number. } South Ann St. near Pratt

Cause of Death, { First (Primary,) Pneumonia / Second (Immediate,) Asphyxia

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Patterson Cemetery

Date of Burial, Feb 4th 1875

{ *Undertaker,* Chas Rossing / *Place of Business,* 136 E Fayette

A. Ellis M. D.
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 719.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 2d of February

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Glerchmann (Glerchmann)

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 weeks *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~Broadway~~ Baltimore

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} Broadway No 164

Cause of Death, First (Primary,)

Second (Immediate,) Weakness

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Smith's Presb. Cemetery

Date of Burial, Feb 3th 1875

Undertaker, Chas. Rossini

Place of Business, 136 E Fayette St *Address*

Fred. Hefty M. D.
Medical Attendant.

52 N. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 420

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos Cain & El. Cain

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Cayanda Cain

Age, *Years,* Four *Months,* Nine *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} (Maryland), Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Cole St No 10 Rear Basement

Cause of Death, {First (Primary,) Whooping Cough

Second (Immediate,) Seven Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Shurch Geo. C. Worthington M. D.

Date of Burial, Feb 3 Medical Attendant.

{*Undertaker,* J H Cook

{*Place of Business,* No 707 N Bullitt Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 421

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1875. 9 A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bernardina Wenther

~~*Sex, Male* or *Female,*~~ {Cross out the word not required in this line.} Female

Age, 44 Years, 9 Months, 17 Days.

Color, white *Sex,* Female

~~*Married, Single,*~~ *Widow* or ~~*Widower*~~, {Cross out the words not required in this line.} Widow

Occupation, washwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Oldenburg. Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} No 12. N. Castle

Cause of Death, First (Primary,) Pneumonia complicated with

Second (Immediate,) Meningitis

Duration of Last Sickness, seven days

All the above information should be furnished by the Physician.

Place of Burial, ~~N. E. Lutheran~~ Baltimore

Date of Burial, Feb 4th 1

Pierre G. Dausch M. D.
Medical Attendant.

Undertaker, Andreas Kühl

Place of Business, 1446 E. Lombard St. *Address* 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 7224

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 31st 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ludwig Kalutsch & Louise Kalutsch

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} male

Age, ——— *Years,* ——— *Months,* 6 *Days.*

Color, white *Sex,* male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Biddle Alley between Bond & Hill & Bond Avenues

Cause of Death, {First (Primary,) ———

{Second (Immediate,) Spasms

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Febry 3 1875

{*Undertaker,* Family

{*Place of Business,* ———

James F Steuart M. D.

~~Medical Attendant~~

Address Camp Hunt & Aquetuxent

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 723

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 2d

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant of Louis & Emma Reinhardt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years,~~ *Months,* 1/2 hour ~~Days.~~

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, No 8 North Gay St

Place of Death, {Give street and number.} No 8 North Gay St.

Cause of Death, {First (Primary,) / Second (Immediate,)} No Disease

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, 2d by 1875.

Undertaker, Jno H Weaver

Place of Business, W Fayette

Wm D Little M. D.
Medical Attendant

Address 231 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT RECEIVED FEB 3 1875 BALTIMORE.

Permit No. 7241

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 24 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob. Rosenthal & Delta Rosenthall

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} male

Age, Years, 9 Months, Days.

Color, white Sex, male

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 43 Fawcett Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Hanover St. R. Cemetery James F. Stem M. D.

Date of Burial, Feb 3rd 1875 ~~Medical Attendant~~

{Undertaker, Family / Place of Business,} Com of Health & Registrar Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7251

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosie Ann Kenna

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 5 *Months,* 6 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} "

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 years 5 mos 1 Month

Place of Death, {Give street and number.} Baltimore No 28 Decker St.

Cause of Death, First (Primary,) Hooping Cough

Second (Immediate,) Bronchitis.

Duration of Last Sickness, One month.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Feb 4th 1875

Undertaker, Chas J Semmes

Place of Business, 230 N Eutaw St *Address*

Edward D. Maris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 726

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Teresa (Foundling)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ 4 *Months,* ~~Days.~~

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, {First (Primary,) Atrophy
Second (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Jany 28 1875

Undertaker, Sisters of

Place of Business, St Vincents

James A Steuart M. D.
~~Medical Attendant.~~
Coroner Health & Registrar

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 727.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Francis Mc Clinton

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 37 — *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Hostler —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland —

Duration of Residence in the City of Baltimore, Eleven years —

Place of Death, { Give street and number. } 15 Temple St.

Cause of Death, { First (Primary,) Typhoid Fever
Second (Immediate,) do —

Duration of Last Sickness, About two weeks —

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross. Cmty

Date of Burial, Febr. 4th 1875

{ *Undertaker,* Henry W. Mears
Place of Business, 64 N Gay St

H. O. Dohme — *M. D.*
Medical Attendant.

Address 86. E. Fayette. St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 728

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Maria Francis

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 7 *Months,* ——— *Days.*

Color, Black *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 211. Hughes Street

Cause of Death, {First (Primary,) / Second (Immediate,) Asphyxia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Pottsfield

Date of Burial, Feb. 3rd 1875

Undertaker, W. H. C. Perry

Place of Business,

James A Steuart M. D.

~~Medical Attendant~~ Coroner Health & Registrar

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 729.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1875

Full Name of Deceased, {Write legible and spell correctly. If an infant not named, give names of parents.} Daniel Emerson Abbott

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, Ten Months, fifteen Days.

Color, White *Sex,* /

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 20 Neighbor St

Cause of Death, {First (Primary,) Catarrh / Second (Immediate,) Congestion of the Lungs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 5th 1875.

Undertaker, Wm. H. Huckman

Place of Business, 237 E. Gay St.

W. C. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7301

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sam'l E Hickman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 4 Mc Kim Pl

Cause of Death, {First (Primary,) Dropsy

Second (Immediate,) Six week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery. H. F. Kemmler M. D.

Medical Attendant.

Date of Burial, February 5th 1875.

Undertaker, Wm. H. Hickman *Address* 186 Augusta St

Place of Business, 237 S. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 731

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph — (Foundling)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* — *Days.*

Color, white *Sex,* male

~~*Married,* *Single,* *Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} St. Vincents Infant Asylum

Cause of Death, {First (Primary,) Atrophy. Convulsions
Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Jany 12 1875

{*Undertaker,* Sisters at
Place of Business, St Vincents

James A Steuart M. D.
Medical ~~Attendant.~~

Cor Gilmor & Registrar
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 7321

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 2nd 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Kidd,

Sex, Male or Female, {Cross out the word not required in this line.} female.

Age, 74 *Years,* — *Months,* — *Days.*

Color, white. *Sex,* Married.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co.

Duration of Residence in the City of Baltimore, Over 74 yrs

Place of Death, {Give street and number.} 285 E Monument

Cause of Death, {First (Primary,) Hydrothorax Pneumonia, Second (Immediate,) & Marasmus

Duration of Last Sickness, five (5) days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 3rd 1875.

Thos. Thoresen M. D.
Medical Attendant.

Undertaker, Wm. H. Hickman.

Place of Business, 234 N. Gay St. *Address* 1332 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 733

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febr. 2d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Emma Kroll (Kroll)

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* 21 *Days.*

Color, white *Sex,* female

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 322 Canton Av.

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Feb 3d

Undertaker, George Fockler

Place of Business, 332 Canton Av

Address 102 S. Bond St

L. Heiss M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 7311

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 2 nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosetta Green

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* ——— *Days.*

Color, Black *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt md

Duration of Residence in the City of Baltimore, 3 years & 4 months

Place of Death, {Give street and number.} 163 York St

Cause of Death, {First (Primary,) / Second (Immediate,) Phthisis

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Church St Cemetary

Date of Burial, Feb 4th 1875

Theodore Dorsey M. D.
Medical Attendant.

Undertaker, Samuel W Chase

Place of Business, No 198 South Howard St Address 46 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 735

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Brown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* ——— *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Md,

Duration of Residence in the City of Baltimore, 2 years & 4 months

Place of Death, {Give street and number.} 186 Hanover st

Cause of Death, {First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Sharpes St. Cemetery *By* Edward Lord M. D.

Medical Attendant.

Date of Burial, Feb. 4. 1875

{*Undertaker,* H. W. Chase

{*Place of Business,* 146 Edmondson *Address* 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 736,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 2d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Christine Guenther

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* 1 *Months,* 3 *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number.} N. 129 Chew St

Cause of Death, First (Primary,) old age

Second (Immediate.) Marasmus of Women

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Franklin St Cem

Date of Burial, Feb 4th 1875

Undertaker, H. Crays Sons

Place of Business, 253 Canton Ave. *Address* N. 187 E. Monument St

C. J. Trautmann M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 737

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 3 1975 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laurence Joseph Engle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, Three Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} South West Corner Fayette & Holliday

Cause of Death, First (Primary,) Defficient Intake Atrophy

Second (Immediate,) Coma

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, February 4

Undertaker, J B Crook

Place of Business, 1st & Irving Baltimore

John C Staten M. D.
Medical Attendant.

Address 498 West Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 738

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb'y 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hudson Cross.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 53. *Years,* 6 *Months,* 20. *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Machinist.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 53 years

Place of Death, {Give street and number.} 329 Lexington St. Baltimore

Cause of Death, First (Primary,) Pleuro Pneumonia.

Second (Immediate,) "

Duration of Last Sickness, Two Weeks.

All the above information should be furnished by the Physician.

Place of Burial, ~~Baltimore~~ Loudon Pk.

Date of Burial, 4th.

Undertaker, Thos Hayden

Place of Business, N. E. Cor Balto & Exeter St

Edward A. Harris. M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 739

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb: 3d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Catherine A. Pettman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 93 *Years,* 11 *Months,* 19 *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 33 years in Balto City

Place of Death, {Give street and number.} 28 N. Green St

Cause of Death, {First (Primary,) Erysipelas

{Second (Immediate,)

Duration of Last Sickness, about 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery Felix Jenkins M. D.

Date of Burial, 4th Febry 1875 Medical Attendant.

Undertaker H. M. Jenkins & Son *Address*

Place of Business, 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 740

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 3d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Albert Foss

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 6 *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 161 ~~Canton~~ N. William St

Cause of Death, { First (Primary,) Scarlet Fever

{ Second (Immediate,) —

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, February 4th 1875

{ *Undertaker,* Chas H. Arnold

{ *Place of Business,* 161 Hanover St

A. W. Dodge M. D.
Medical Attendant.

Address 20 Hanover St Balto Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7441.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 3d 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Fillibrown Scott Gaither

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, One (1) *Years,* Seven (7) *Months,* Seven (7) *Days.*

Color, White *Sex,* Male

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 234 Aisquith St.

Cause of Death, {First (Primary,) Pneumonia (Double)
Second (Immediate.) Acute Cerebral Meningitis

Duration of Last Sickness, Thirteen (13) Days.

All the above information should be furnished by the Physician.

Place of Burial, Government Grounds

Date of Burial, Feby 4th

Undertaker, H. A. Dager *Address*

Place of Business, 711 S. Broadway

Jno. F. Powell M. D.
Medical Attendant.

No. 72 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 742

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Tuesday, Feb 2d 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Thomas Willey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* One *Months,* Nineteen *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 107 N. Eden St Baltimore Md

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 107 N. Eden St.

Cause of Death, {First (Primary,) Dysentaid Pneumonia / Second (Immediate.)

Duration of Last Sickness, about a month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery *H. McHenry* M. D.
Medical Attendant.

Date of Burial, Feb 4 1875

{*Undertaker,* Wm. H. Eichman *Address* 71 Franklin St.
{*Place of Business,* No 234 Jay

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 743.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 3d

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary J. Jones

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, one *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 49 Saint St Baltimore

Duration of Residence in the City of Baltimore, Fifteen mo.

Place of Death, {Give street and number.} 49 Saint St

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Four Months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County Geo H Jones

Date of Burial, Feb 4th

M. D.
Medical Attendant.

Undertaker, Andrew Lutz

Place of Business, 118 Druid Hill Ave. *Address* 649 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucy Jane Alexander

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 4 *Years,* —— *Months,* —— *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt: city

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} No 15 Hulls Lane

Cause of Death, {First (Primary,) / Second (Immediate,)} accidentally burnt to death

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 4th 1875

Undertaker, William A. Dunzee

Place of Business, no 104 East St.

Edmund R Walker M. D.
Medical Attendant.
Coroner N. P. District

Address 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore, 745

Permit No. 745,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Sanders & Wilmina Sanders

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, Years, Months, 1 Days.

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 82 Forest Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 4 1875

Undertaker, Rhoda Locks

Place of Business, 65 S. Wolf St

Samuel Stewart M. D.

~~Medical Attendant~~ Compliments of Registrar

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 746,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Edward Stemler~~ Feb 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward ~~Stemler~~ Stemler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* —— *Months,* 5 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 604 Light St Balt md

Duration of Residence in the City of Baltimore, 1 year 5 days

Place of Death, {Give street and number.} 604 Light St

Cause of Death, {First (Primary,) / Second (Immediate.)} Scarlet — Fever

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, February 5th 1875

Undertaker, Chas A. Herold

Place of Business, 161 Hanover St.

Thos Bond M. D.
Medical Attendant.

Address 116 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7471

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 4th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Daniel Cooner

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 94 W Pratt St

Cause of Death, { First (Primary,) Typhoid Fever

Second (Immediate,) 30 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 5th

{ *Undertaker,* John F. Meeks *Address* 76 Pratt

{ *Place of Business,* Cor. Camden & Eutaw

Jas Hamill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 748

Permit No. 748,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adam Gruichbaum

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 4 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, 1 year 4 months 4 days

Place of Death, {Give street and number.} 40 Cross St

Cause of Death, First (Primary,) Whooping Cough

Second (Immediate,) Congestion of the Brain

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, Feb. 5th 1875

Undertaker, John Pearce

Place of Business, 171 Hanover St.

H. Herdon Cook M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 749.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Sift

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* 11 *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 34 S. Calhoun St.

Cause of Death, { First (Primary,) Meningitis

Second (Immediate,)

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 5th 1875

{ *Undertaker,* Jacob Weaver

{ *Place of Business,* Nos 4 & 6 Druid Hill Ave *Address*

Jno Neff *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 750

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Tuesday February 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Spencer Maddox

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Seventy six *Years,* *Months,* *Days.*

Color, Negro *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Black Smith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore of Maryland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 299 Eutaw Street

Cause of Death, {First (Primary,) Cardiac Disease
Second (Immediate,) Dropsy}

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Harpt Cmetery George G. Brewer M. D.
Medical Attendant.

Date of Burial, Feb 4. 1875

Undertaker, C P Chase

Place of Business, 161 Howard St *Address* 258 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 751.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Amelia Fields

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, about 20 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} S

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Accomack Co., Va.

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} No. 10 Pinkney St.

Cause of Death, {First (Primary,) Consumption / Second (Immediate.)

Duration of Last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Feb. 5th 1875

{*Undertaker,* Samuel W. Chase / *Place of Business,* No 198 South Howard Street

E. H. Holbrook M. D.
Medical Attendant.

Address No. 1 N. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 752,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 3d

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Walker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

~~Married~~, ~~Single~~, ~~Widow~~, *Widower,* {Cross out the words not required in this line.}

Occupation, Drayman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 91 Sarah Ann st

Cause of Death, {First (Primary,) / Second (Immediate,)} Double Pneumonia

Duration of Last Sickness, Eight Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, feb 5 1875

{*Undertaker,* S M Chase

{*Place of Business,* No 148 Edmondson Av *Address* 57 N Paca st

Frank Gemon *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 753,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 2d 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Cornelius Seale

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 days *Years,* *Months,* *Days.*

Color, Colored *Sex,* Child

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Nothing

Occupation, Baltimore Maryland

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Two years

Duration of Residence in the City of Baltimore, Hughes at Bell

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Remittent fever / Second (Immediate.) Typhoid fever

Duration of Last Sickness, 2 days & days

All the above information should be furnished by the Physician.

Place of Burial, Sand. Cemetery

Date of Burial, Feb 4 1875

{ *Undertaker,* S M Chase / *Place of Business,* No 148 Thomard st } *Address*

J. D. Dyer *M. D.*
Medical Attendant.
No 146 Hall st
Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7574.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febr. 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Fogarty

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* — *Months,* — *Days.*

Color, white *Sex,*

~~*Married,* *Single,* *Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, O

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 64 Ea[illegible] Str. (Essex St)

Cause of Death, First (Primary,) Rheumatismus

Second (Immediate,) Heart disease

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feb 5th 1875

Undertaker, Chas. T. Scriven

Place of Business, 211 N. Eutaw st *Address* 102 S. Bond Str.

L. Baird M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 755,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nancy Wells

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, about 63 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.} Widow

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} cant get any information

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 10 Noble Alley

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate.)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetary

Date of Burial, Feb 4th 1875

{*Undertaker,* Wm. P. Jennings

{*Place of Business,* 1604 East st

E. E. Jordan M. D.

Dr. Bartman Medical Attendant.

Address 225 Aisquith st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 756

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 756.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate ~~correctly filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death, ~~if called for~~ or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard D. Peterson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 17 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert County

Duration of Residence in the City of Baltimore, About one year

Place of Death, {Give street and number.} Inn S. South of Eagle

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Calvert County

Date of Burial, Feby 5th

D. P. Hoffman M. D.

Medical Attendant.

{*Undertaker,* Jno H Weaver

{*Place of Business,* Fayette St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 757.

HEALTH DEPARTMENT
FEB 4
1875
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 4th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Ellen dr & Laughlin's.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, " *Years,* Two *Months,* Seven *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} "

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Two Months,

Place of Death, {Give street and number.} 15 Federal St Baltimore

Cause of Death, First (Primary,) Pneumonia,

Second (Immediate.) "

Duration of Last Sickness, Five days,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 5th 1875

Undertaker, Jacob Weaver

Place of Business, Nos 496 Druid Hill Ave *Address*

Edward A. Ward M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

758

Permit No. 758

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Courtney - Kate Courtney

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} male

Age, ——— *Years,* ——— *Months,* 2 *Days.*

Color, white *Sex,* male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 273 Preston Street

Cause of Death, {First (Primary,) / Second (Immediate.)} Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Feb. 4th 1875

Undertaker, Jacob Weaver

Place of Business, Druid Hill

James A Steuart M. D.
~~Medical Attendant.~~

Address Con'r of H. & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

759

Permit No. 759.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Schatzberger

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 41 *Years,* *Months,* *Days.*

Color, white *Sex,* male

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Brush-maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany, 4 years

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} Bantloe street No 21

Cause of Death, {First (Primary,) Phthisis pulmonalis
Second (Immediate,)

Duration of Last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Alphonsus cemetery

Date of Burial, February 5th

Undertaker, Peter Theunet

Place of Business, Mulberry St 217

Dr W. Gleitsmann M. D.
Medical Attendant.

Address 208 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

760

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 760.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Holt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, about 45 *Years,* ~~Months,~~ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 50 Division St

Cause of Death, {First (Primary,) Chronic Laryngitis
Second (Immediate.) Heart clot
Return 5 7/2 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~Balto~~ Green M. Hall Mumb M. D.
Medical Attendant.

Date of Burial, Feb 6th 1875

Undertaker, Chas J. Scriven *Address* 55 N Green St

Place of Business, 271 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 4 BALTIMORE

Permit No. 761

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louise Plath. Girl

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years. 6 Months. 3 Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} John Plath's name illegible

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 5 Eso st. Baltimore.

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate.) Exhaustion

Duration of Last Sickness, 1 week 2 days

All the above information should be furnished by the Physician.

Place of Burial, New Hope St

Date of Burial, Feby 5th 1895

Undertaker, Wm J Gray

Place of Business, 46 Marbury St

Fm O'Leary M. D.
Medical Attendant.

Address 50 Fulton Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 762

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 3o 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Handy McCoy

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 8 Months

Place of Death, {Give street and number.} 658 Saratoga Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Bronco-Pneumo- Laryngitis

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Feb 3rd 1875

{*Undertaker,* Hughes & Co / *Place of Business,* Cor Fayette & Republican} *Address* Wm E Taylor M. D. Medical Attendant. 1 Waverley Terrace Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

763

Permit No. 763,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, when filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4th February

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John D Foy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Not~~ *Years,* 81 *Months,* *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow*~~ or *Widower,* {Cross out the words not required in this line.}

Occupation, Printer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 81 years.

Place of Death, {Give street and number.} " 56 Barnet. Ward

Cause of Death, First (Primary,) Old age

Second (Immediate,) Debility

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, 6th Febry 1875

Undertaker Hy M. Jenkins & Son

Place of Business, 16 Light St

H. M. Nebley M. D.
Medical Attendant.

Address 57. Barnet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 764

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 764

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1915 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2 4 Feb

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George H Bowie

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* 8 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 8 days

Place of Death, {Give street and number.} 5h Eutaw st

Cause of Death, First (Primary,) Croup

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Methodist Graveyard Philpot [illegible] M. D.

Date of Burial, Feb 6th 9 O'Clock AM

Medical Attendant.

Undertaker, George C Robertson

Place of Business, 38 Eutaw Street *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

s respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 765

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

765

No. 765

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death ceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febr. 4th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs. M. Schmidt

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 68 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany, 18 years in this country

Duration of Residence in the City of Baltimore, 18 Year "

Place of Death, { Give street and number. } 82 Fort Ave, Balt

Cause of Death, { First (Primary,) } old age

{ Second (Immediate,) } Catarrh of Lungs

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, February 6th

Undertaker, Croft

Place of Business, [illegible]

Gustavus Liebmann M. D.
Medical Attendant.

Address 58 W. Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

766

...t No. 766.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the person deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Faid Pitt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Thirty one Years, Ten Months, Twenty Two Days.

Color, White Sex,

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Franklin County Indeana

Duration of Residence in the City of Baltimore, Twenty Four Years

Place of Death, {Give street and number.} No 518 Lexington St. Balt. City

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Bolt Cemetery

Date of Burial, Feby 6th

{Undertaker, Jno H. Weaver

{Place of Business, Fayette St

Pembroke W. Womble M. D.

Medical Attendant.

Address No 203 W. Lombard St Baltimore Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

767

Board of Health, City of Baltimore,

No. 767.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Downs

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 7 *Months,* ——— *Days.*

Color, Col'd *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 6 Hardin's Court

Cause of Death, First (Primary,) Teething

Second (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 5th

Undertaker, S. W. Chase

Place of Business, 198 S. Howard St *Address*

James A Steuart M. D.
~~Medical Attendant.~~
Emg M. & Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

768

No. 768

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 4th, 1875, 7 o'clock P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Louisa Treuler

Sex, Male, or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, Maryland Since Birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 288 S. Bond St.

Cause of Death, {First (Primary,) Scarlatina Maligna

Second (Immediate,)

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, 4th February

Undertaker, Leonhardt Krug

Place of Business, E. Baltimore St. 277

John H. Rehburger M. D.
Medical Attendant.

Address 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

769

No. 769

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 4. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Krump

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 71 *Years,* 10 *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Proprietor Livery Stable

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Co Md

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number.} 41 Mulberry St

Cause of Death, {First (Primary,) Typhoid Fever

{Second (Immediate,) Pneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery,

Date of Burial, Feby 6th 1875

Undertaker, R. A. Weaver,

Place of Business, 221 E. Baltimore St.

R. McKenzie M. D.
Medical Attendant.

Address 53 N. Gouv St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

770

No. 770,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 4 - 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Taylor.

Sex, Male or Female, {Cross out the word not required in this line.} Female -

Age, ~~Years,~~ ~~Months,~~ 9. Days.

Color, White. *Sex,* Female -

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 100 S. Exeter St -

Cause of Death, {First (Primary,) Premature birth.

{Second (Immediate,) 9 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 5 1875

{*Undertaker,* James P Byrne

{*Place of Business,* No 639 W Front St

S. M. Hanck M. D.
Medical Attendant.

Address 956 E. Baltimore St -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

771

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 774

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, duly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 3d 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. H. Foos

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, 17 Months Days.

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 99 North Carolina Ave

Duration of Residence in the City of Baltimore, 17 Months

Place of Death, {Give street and number.} No 99 North Carolina Ave

Cause of Death, {First (Primary,) Tuberculosis (consumption)
Second (Immediate.)

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery O. J. Baker M. D.

Date of Burial, Feb 5th 1895 Medical Attendant.

Undertaker, Thos L Kayhoe *Address* No 1 Exeter

Place of Business, 60 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

772

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 772.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *fully filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 4th. 1875

Full Name of Deceased, {Writes legibly and spell correctly. If an infant not named, give names of parents} Unknown - (Found in Stable)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 4 *Days.*

Color, Negro. *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 57 S. Wolf.

Duration of Residence in the City of Baltimore, 4 days

Place of Death, {Give street and number.} 57 S. Wolf.

Cause of Death, First (Primary,) From all information, it was a premature birth, 4 days;

Second (Immediate,) Hemorrhage from lungs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, East Potter Field

Date of Burial, Feb. 4th. 1875

Undertaker, Wm. Donovan

Place of Business, 6 Bank St.

Thos. Kelly, *M. D.*
Medical Attendant.

Address Fawn & Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

773

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 773,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 4 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johanna May Teresa McSweeney

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* 11 *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 67 Barnes St

Cause of Death, { First (Primary,) Phthisis
Second (Immediate,)

Duration of Last Sickness, 3 years & 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb 6 1875

Undertaker, James & Byrne

Place of Business, No 38 Hanover St

L Schuster M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty ... the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish ...within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ...etting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ...deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

774

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 774.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 5 1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen Riley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 1 *Months,* 2 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. 2 months 2 days

Place of Death, {Give street and number.} 40 South Fisk St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate.)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Country

Date of Burial, Febrary 6th 1875

Undertaker, H. M. Gibneyer

Place of Business, 341 Canton Av.

James A. McShane M. D.
Medical Attendant.

Address 257 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

775

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 775,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie Fan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, *Widow or Widower* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} Stricker St Orphan Asylum

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, Saturday 6th Feb.

Undertaker, H W Jenkins & Son

Place of Business, 16 Light.

Thomas Opie M. D.
Medical Attendant.

Address 396 W. Fayette St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...e Office whence issued, Saturday of each week.

No. 776

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

776

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 776,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 4. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Gutman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 11 *Months,* 22 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 326 Lexington St.

Cause of Death, {First (Primary,) Phlegmonous Erysipelas
Second (Immediate,) Meningitis

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St. Hebrew Cemetery

Date of Burial, Feb 5th

Hiram B. Arnold M. D.
Medical Attendant.

{*Undertaker,* Wm Eiler
{*Place of Business,* 101 Gough St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

777

Permit No. 777

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4th February 10½ A. M. 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Simonette Drinks (Drinks)

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 49 *Years,* 10 *Months,* 7 *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Gauerstedt Saxe Coburg Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, { Give street and number. } S. Wolfestreet Nro 245.

Cause of Death, { First (Primary,) Typhus

Second (Immediate,) }

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemty

Date of Burial, 7th February

{ *Undertaker,* J. Chas G. Schuck

{ *Place of Business,* 765 Allen=ann=st

William Henkel *M. D.*

Medical Attendant.

Address S. Wolfestr. 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

778

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 778.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H Andrews

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 31 *Years,* — *Months,* 20 *Days.*

Color, White *Sex,* ?

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Shoe maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Winchester Frederick Co Virginia

Duration of Residence in the City of Baltimore, Four years & four months

Place of Death, {Give street and number.} No 9 Pine bet Balto & Lex

Cause of Death, {First (Primary,) —
Second (Immediate,) Consumption

Duration of Last Sickness, One year and one month

All the above information should be furnished by the Physician.

Place of Burial, Winchester Va

Date of Burial, Feb 6th

Undertaker, M Schilling

Place of Business, No 72 Pratt

Address

Sibley & Grant M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 779

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *when filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT FEB 5 1875 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Joyner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* Twenty five *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Twenty five days

Place of Death, {Give street and number.} Willow Street No 2 E

Cause of Death, { First (Primary,) ____ Pneumonia

Second (Immediate,) ____

Duration of Last Sickness, Twenty five days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cmt

Date of Burial, Feb 5th

Undertaker, John J Podmajer *Address*

Place of Business, 102 E Monument St

H. E. Eden M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore, 780

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 780.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Ellen Collins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 79 *Years,* — *Months,* *Days.*

Color, White — *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, House work

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, not known

Place of Death, {Give street and number.} Washington Univ Hospital

Cause of Death, {First (Primary,) / Second (Immediate,)} old age

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Ucy Cathedral

Date of Burial, Feby 6th 1875

{*Undertaker,* / *Place of Business,*} P H Byrne / 39 North Liberty

Geo T Reynolds — M. D.
Medical Attendant.

Address Washington Univ Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 5 1875 BALTIMORE.

Permit No. 781

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James H. Cannon

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* ——— *Months,* ——— *Days.*

Color, black *Sex,* male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Barber

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number.} 119 S. Dallas St,

Cause of Death, {First (Primary,) Consumption
Second (Immediate,)

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Dallas St B.G. James A. Steuart M. D.

Date of Burial, Jan 5th 1875 Medical ~~Attendant~~

Undertaker, Jno H. Locks Camp St. & Register

Place of Business, 63 & Wolf St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

HEALTH DEPARTMENT FEB 5 1875

Permit No. 782

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary Cowper

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* ~~ *Months,* ~~ *Days.*

Color, Black *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 56 years

Place of Death, {Give street and number.} 208 Washington Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Dropsy

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 7th

{*Undertaker,* Jno W. Coles / *Place of Business,* 115 S. Howard St

Jamest Stewart M. D.
~~Medical Attendant.~~
Consulted & Reported
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 5 1875 BALTIMORE.

Permit No. 783

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 5th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margret Hughes —

Sex, Male or Female, {Cross out the word not required in this line.} —

Age, 78 — *Years,* — *Months,* — *Days.*

Color, white — *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland Forty years —

Duration of Residence in the City of Baltimore, 91 — do — almost age —

Place of Death, {Give street and number.} do —

Cause of Death, {First (Primary,) / Second (Immediate.)} General Debility —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, H. Patrick Cemetery

Date of Burial, Feb 7 1875

Undertaker, James D Byrne

Place of Business, No 63 n Front St

C. E. Dahme M. D.
Medical Attendant.

Address 86 E. Fayette —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 194

The Special Attention of Physicians is respectfully Requested to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 784

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 5 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Whitehill

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 195 N Gay

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mount St Louis Cemetery Burial ground

Date of Burial, Feb. 7.

Abram B Arnold M. D.
Medical Attendant.

Undertaker, M Lanygood

Place of Business, Cor. 4 87 *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

785

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPARTMENT FEB 5 ORIG.

Permit No. 785,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 7th 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Henry Thieme (Thieme)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

~~Duration of Residence~~ in the City of Baltimore,

Place of Death, {Give street and number.} 100 S. Broadway

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Paralysis of the heart

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 6th 1875

Undertaker, Chas. Rossiter

Place of Business, 136 E. Fayette St *Address* 245 E. Baltimore St.

J. Heathcote M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

786

Permit No. 786,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 5 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *separately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Mary Bikere

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 58 *Years,* Three *Months,* Three *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Non

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County Md

Duration of Residence in the City of Baltimore, 66 years

Place of Death, {Give street and number.} No 23 N. Gay St.

Cause of Death, {First (Primary,) Contusion of the head of the right frontal
{Second (Immediate,) Pneumonia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, February 7. 1875

Undertaker, Matthias A. Darze

Place of Business, 74 S. Broadway

B. Bruce M. D.
Medical Attendant.
Address 187 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

787

787

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 787

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia A Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 30 Yrs

Place of Death, {Give street and number.} 8 Lithon St

Cause of Death, {First (Primary,) Pthisis Pulmonalis "consumption"

{Second (Immediate,) 2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 7th 1875

Undertaker, Armstrong & Denny

Place of Business, 260 Light st

R. W. Dodge M.D. M. D.
Medical Attendant.
201 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7881

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, It is stated she died Feb 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane given me Mary A Jones

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Months, Days.

Color, White

Married, ~~Single,~~ Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Born in Baltimore City

Duration of Residence in the City of Baltimore, Has lived all her life

Place of Death, {Give street and number.} 87 Jefferson St

Cause of Death, {First (Primary,) "Old Age"

{Second (Immediate,) Disease attended Findlay Johns Hopkins Hospital

Duration of Last Sickness, 8 days 1 year

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, Feb 6th

Undertaker, John I Ramsay Address 100 N Broadway

Place of Business, 107 E Monument St

M. D.

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

789

Permit No. 789.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 5 - 1875 -

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hezekiah Snowden -

Sex, Male or Female, {Cross out the word not required in this line.} male -

Age, 37 *Years,* *Months,* *Days.*

Color, Black. *Sex,* male -

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Drayman -

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland -

Duration of Residence in the City of Baltimore, Lifetime -

Place of Death, {Give street and number.} Balto City Jail -

Cause of Death, {First (Primary,) Erysipelas -

{Second (Immediate,)

Duration of Last Sickness, 10 days -

All the above information should be furnished by the Physician.

Place of Burial, Mark Bell Commdt
East Baltimore

Date of Burial, February 8th

{*Undertaker,* ~~H. W. Donovan~~
Place of Business, ~~4 Bank St~~ Summers
217 Mulberry St. — *Address* 75 E. Balto St -

D. N. Houck *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

790

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 790.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... FEB 6 1875 BALTIMOR...

CERTIFICATE OF DEATH.

Date of Death, Feb: 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Julia Brown

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 6 *Days.*

Color, Black *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 1418 Fyson al: Baltimore city.

Duration of Residence in the City of Baltimore, 2 years & six months

Place of Death, {Give street and number.} 1418 Fyson Alley

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery W. Griffith M. D.

Date of Burial, Feb 6 1875 Medical Attendant.

Undertaker, J. H. Grover *Address* 117 Madison St:

Place of Business, 65 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 791

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 794

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 4th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Gregory-

Sex, Male or Female, {Cross out the word not required in this line.} Female-

Age, 56 - *Years,* — *Months,* *Days.*

Color, White. *Sex,* Female-

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow.

Occupation, Bible Reader-

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 10 Milliman St-

Cause of Death, First (Primary,) Pneumonia-

Second (Immediate,)

Duration of Last Sickness, 11 Days-

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery-

Date of Burial, Feb 9 1875-

Undertaker, Henry W Mears

Place of Business, 64 N Gay St

S. W. Hanck M. D.
Medical Attendant.

Address 75 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 792,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jessie B Malcombe

Sex, Male or Female, {Cross out the word not required in this line.} Fem'l

Age, 1 *Years,* *Months,* 10 *Days.*

Color, White *Sex,* Fem'l

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 143 Bank St

Cause of Death, First (Primary,) Bilus Pneumd

Second (Immediate,) Bilus Pneumd

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 7th 1875

Undertaker, Charles F. Herold

Place of Business, 101 Hanover St.

A W Woodyer M. D.
Medical Attendant.

Address 207 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 793.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} William Gundrum

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 32 years *Years,* *Months,* 8 months 5 *Days.*

Color, white *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Barkeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Schlitz - Hessen - Darmstadt, about nine years in the United States

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} S. Charles N 58

Cause of Death, {First (Primary,) Consumption
{Second (Immediate,) Exhaustion

Duration of Last Sickness, two years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, February 7th

Undertaker, Conradus Kuntzel

Place of Business, Park Street near Saratoga Street

Address 224 W. Fayette Street

H. F. Reinhard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7941

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 5th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Elizabeth Pendleton

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.} Female

Age, 91 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Culpeper County Virginia

Duration of Residence in the City of Baltimore, 38 yrs

Place of Death, {Give street and number.} 175 N Howard

Cause of Death, {First (Primary,) / Second (Immediate.)} Old age

Duration of Last Sickness, About half hour

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery H. O. Barker M. D.

Medical Attendant.

Date of Burial, February 8th 1875

Undertaker, Jacob Weaver

Place of Business, Nos 4 & 6 Druid Hill Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 795,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Butler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 16 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, Wash Woman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Mary's County

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 48 Walker St

Cause of Death, {First (Primary.) Ulceration of bowels
Second (Immediate.) Hemorrhage from bowels 9 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Pats Cemetery

Date of Burial, February 6th

Undertaker, F. N. Frall

Place of Business, 90 S. Howard

J. R. Uhler M. D.
Medical Attendant.

Address 234 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 796

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} child was not named, name of mother Christina Sohs. father unknown

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 6 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} infant child

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} maternity 1630 Lombard St. Baltimore. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 300 Franklin Street

Cause of Death, First (Primary,) Catarrhus intestini. Diarrhoea gastro-intestinalis

Second (Immediate,) Cachexia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, February 8th

Undertaker, McCaull Bros

Place of Business, 131 Saratoga St *Address* 154 W. Lombard St.

Dr. H. Salzer M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 991

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Bailey

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* —— *Months,* —— *Days.*

Color, Black *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Chambermaid

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 109 Raborg Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Feb 7th 1875

{*Undertaker,* S. H. Chase / *Place of Business,* Howard St} *Address*

James A. Steuart M. D.
~~Medical Attendant.~~
Comptroller & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 798.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Margaretha Evelina Westbrook

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 77 ~~Months,~~ 14 Days.

Color, White Sex,

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} Hanover Str. No. 299

Cause of Death, {First (Primary,) / Second (Immediate,)} Gastro-enterith-fits

Duration of Last Sickness, 24 days.

All the above information should be furnished by the Physician.

Place of Burial, Bait Cemetery

Date of Burial, Feb 8th

{*Undertaker,* H. Brice / *Place of Business,* Hanover 81}

Dr. Adolph Böker, M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 799,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cynthia Rankins

Sex, ~~Male~~, or Female, {Cross out the word not required in this line.} ....

Age, 12 *Years,* 5 *Months,* *Days.*

Color, Negro. *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~Egypt~~ County Va.

Duration of Residence in the City of Baltimore, Six Months

Place of Death, {Give street and number.} No 107 Welcome Alley

Cause of Death, First (Primary,) Not Known

Second (Immediate,) Convulsions

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, W. Potters field

Date of Burial, Feb 6th 75

Undertaker, M. A C. Perry

Place of Business, 448 W. Pratt St

Mcaskell M. D.
Medical Attendant.

Address 321 Main Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 800

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Catharine Brevell

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 11 *Months,* —— *Days.*

Color, Colored *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 4 Months

Place of Death, {Give street and number.} 16 Penn St

Cause of Death, {First (Primary,) Spasms

{Second (Immediate,) ~~Meningitis~~ Meningitis

Duration of Last Sickness, sick

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 7th 1875

Undertaker, Bruff Gray

Place of Business, 63 Mulberry St

J. H. Ellis M. D.
Medical Attendant.

Address 23 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 801.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 6th 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Mahaney Jr.

~~Sex~~, *Male* or ~~*Female*~~, { Cross out the word not required in this line. }

Age, 33 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow* or *Widower*~~, { Cross out the words not required in this line. }

Occupation, Gentleman.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 238 W. Lombard St

Cause of Death, { First (Primary,) Hypertrophy of the Heart

Second (Immediate,) three Months.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Feb 8th 1875

{ *Undertaker,* Jacob Faust

Place of Business,

E. R. Ward M. D.
Medical Attendant.

Address 242 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8021

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Emory Jackson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* Four (4) *Months,* One *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, ~~Always~~ Since birth

Place of Death, {Give street and number.} 37 E. Eden St

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 7th 1875

Undertaker, William A. Lemmle

Place of Business, No 104 East St.

Geo. L. Kinnemon M. D.
Medical Attendant.

Address 73 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 803,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dorothea Utz

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, thirty *Years,* five *Months,* *Days.*

Color, white *Sex,* female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md. removed to Washington

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} No 166 William St

Cause of Death, {First (Primary,) / Second (Immediate,)} Peritonitis

Duration of Last Sickness, 1½ weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Febr. 7th 1875

Undertaker, Julius Koehler

Place of Business, cor Sharp & Cross

Chas F Heuser M. D.
Medical Attendant.

Address No 97 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 804

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lottie Aguilar,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, One Year, Three Months, ——— Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Thirteen Months

Place of Death, {Give street and number.} No 78 South Broadway

Cause of Death, First (Primary,) Meningitis Tubercular

Second (Immediate,) Exhaustion

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Loyd, St Cemetery

Date of Burial, February 7th 1875

Undertaker, William Eblen

Place of Business, No 101 Gough St

Thomas P. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 6 1875 BALTIMORE.

Permit No. 805

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 6.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Hough

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 25 *Years,* ___ *Months,* ___ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Dress Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 570 Light St

Cause of Death, {First (Primary,) Fall on the ice
Second (Immediate,) Pneumonia

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus *Theodore Cook* M. D.
Medical Attendant.

Date of Burial, Feb 8 1875

Undertaker, C J Krause *Address* 146 Hanover

Place of Business, 209 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 806,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 5 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alois Abendschon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Entire [illegible]

Place of Death, {Give street and number.} 200 Montgomery St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens

Date of Burial, Feb 7. 1875.

Undertaker, C F Krause

Place of Business, 207. Hanover, St *Address* 154 Clark St

L Lewis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 8 1875 BALTIMORE.

Permit No. 807

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 6th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry C. Wrehen.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, 6. Months, 11 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 6 months 14 days

Place of Death, {Give street and number.} 761. Light St

Cause of Death, {First (Primary,) Tuberculer Meningitis
Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem^y Sheridan Circle M. D.
Medical Attendant.

Date of Burial, Febr. 7th 1875

{*Undertaker,* Julius Kochler *Address* 146 Hanover St
{*Place of Business,* Cor Sharp & Cross st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 808,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 6 - 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Catherina Neweker

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, Fifty *Years,* Two *Months,* Seventeen *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Norfolk Va

Duration of Residence in the City of Baltimore, Fifteen years

Place of Death, {Give street and number.} 260 S. Charles St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Asthenia and Apnoea

Duration of Last Sickness, 5 or 6 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery C. C. McDowell *M. D.*

Date of Burial, February 8th 1875 Medical Attendant.

Undertaker, Charles F. Herold *Address* 290 Madison ave

Place of Business, 111 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 809,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 6

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Ann Mc Lain

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 56 *Years,* —— *Months,* — *Days.*

Color, white *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt: City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 105 E. Madison St

Cause of Death, {First (Primary,) Asthma Probably heart Disease
Second (Immediate,)

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery Edmund P Walker *M. D.*
Medical Attendant.

Date of Burial, Feby 8th 1875

Undertaker, J H Weaver *Address* 180 Linden Ave

Place of Business, No 22 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 6 1875 BALTIMORE.

Permit No. 810

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, duly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Thompson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} *Months,* ____ *Days.*

Age, ____ *Years,* 6 *Sex,* male

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 207 Front St (Little)

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate.)

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 7th

{*Undertaker,* Jas H Davis / *Place of Business,* 12 Saratoga St, *Address*

James A Sleath M. D.
~~Medical Attendant.~~
Com of H. & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 1

Board of Health, City of Baltimore,

Permit No. 811.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mrs Elizabeth Schaefer

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* one *Months,* three *Days.*

Color, White *Sex,* F

Married, ~~Single,~~ *Widow* ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 Years.

Place of Death, {Give street and number.} No. 1015 N Bath St Baltimore City

Cause of Death, {First (Primary,) Old age

{Second (Immediate.) Confined to bed about 10 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, ~~Dec~~ Feb 7th

Undertaker, Jos Deane

Place of Business. 568 W Balto Address

James F Duthie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

812

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 812,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Milky Ann Kirn

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 32 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, ~~Single Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number.} Chapel St. 2nd door from Eastern Ave

Cause of Death, {First (Primary,) ———
{Second (Immediate,) Dropsy

Duration of Last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, Methodist B. G. Phil. R. James A. Steuart, M. D.

Date of Burial, February 8th Medical Attendant.

Complainant & Registrar

{*Undertaker,* Family
{*Place of Business,* Chapel St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

813

Permit No. 813

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 5 - 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Jane Thomas

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, Twenty-four *Years,* —— *Months,* —— *Days.*

Color W *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, Housework

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 1 Ax Alley

Cause of Death, {First (Primary,) Mitral Regurgitation
Second (Immediate,) Asthenia &c

Duration of Last Sickness, 2 years or more

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 7/1875

{*Undertaker,* S. W. Chase
Place of Business, No 168 S. Howard St

C. C. McDowell —— *M. D.*

~~Medical Attendant.~~ Dispensary Physician pro tem
University Dispensary

Address Green and Lombard Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Over

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 814

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 6th. 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stella Moffett.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 15 *Days.*

Color, White, *Sex,* Female,

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Wife of Jacob Moffett

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, All her life.

Place of Death, {Give street and number.} Washington Ave, near B & O Rail Road.

Cause of Death, First (Primary,) Malignant Scarlatina.

Second (Immediate,)

Duration of Last Sickness, Thirty Six Hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery John T. R. Hoge M. D.

Date of Burial, Monday 8 Feb. Medical Attendant.

Undertaker, Enoch Knell. *Address* 253 Washington Ave

Place of Business, Baltimore Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 815

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 6th Feb 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelmina Schroeder

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* 3 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Neuen Kirchen, Hanover Germany

Duration of Residence in the City of Baltimore, 23 yrs.

Place of Death, {Give street and number.} No 26 Pennsylvania Avenue.

Cause of Death, First (Primary,) Bronchitis.

Second (Immediate,) Debility.

Duration of Last Sickness, confined to bed 3 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's German Cemetery

Date of Burial, Feb 9th

Undertaker, John Schmittlein

Place of Business, 1542 Madberry

Charles A Gelpcke M. D.
Medical Attendant.

No 26 Pennsylvania Ave
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 816. 816.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 7th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Connie Graff Zecken

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 6 Years, — Months, — Days.

Color, white Sex, triple.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, like a

Place of Death, {Give street and number.} 29 South Edmonds.

Cause of Death, { First (Primary,) Scarlet fever — Second (Immediate,) Exhaustion. Uremia.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Long Island

Date of Burial, Feby 9 1875

{ *Undertaker,* Hughes & Co
{ *Place of Business,* Broadway

Emil L Thomsen M. D.
Medical Attendant.

Address 130 N. Eutaw.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 8 1875 BALTIMORE

Permit No. 817

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ludwig Wilhelm Neidhardt

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 47 *Years,* 10 *Months,* 27 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Butcher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany about 29 years

Duration of Residence in the City of Baltimore, 29 years.

Place of Death, {Give street and number.} Monument street extended

Cause of Death, First (Primary,) Croupous Pneumonia

Second (Immediate.) Oedema of the lung (very incomplete)

Duration of Last Sickness, Nine days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Chas J. Nuebel M. D.

Medical Attendant.

Date of Burial, February 8th 1875

Undertaker, Henry Boeck *Address* 97 Aisquith Street

Place of Business, 369 Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 818

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Schumaker

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 87 *Years,* — *Months,* — *Days.*

Color, White *Sex,* female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany — 2 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Hoxt avenue 74.

Cause of Death, {First (Primary,) Child bed fever

{Second (Immediate.)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemet'y

Date of Burial, Feb 9th

Undertaker, H. Brill

Place of Business, Hennetta St. 81

A. M. Dodge M. D.
Medical Attendant.

Address 207 Hanover St. Baltimore Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 819

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 4th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Susan Grant

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ___ *Years,* ___ *Months,* 10 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 116 Edmondson Ave.

Cause of Death, { First (Primary,) ___ Second (Immediate,) Marasmus

Duration of Last Sickness, since Birth

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, Feby 6 1875

James A Steuart M. D.
Medical Attendant.

Undertaker, Wm. H. Speir Con of Hearse & Carriage

Place of Business, 216 Franklin St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 820

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 6th 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Virginia Fuget

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, about Years, 32 Months, Days.

Color, white Sex, Female

Married, Single, ~~Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, Clerk in Store

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Norfolk Va

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Balto Infirmary (in Chas & Saratoga Sts

Cause of Death, { First (Primary,) Phthisis Pulmonalis
Second (Immediate.) " "

Duration of Last Sickness, (?) three weeks

All the above information should be furnished by the Physician.

Place of Burial, St Paul

Date of Burial, Sunday 7th

Undertaker, McConnell & Bro

Place of Business, 131 Saratoga Address Balto Infirmary

Fred Phillips M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 821,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11½ p.m. ~~January~~ Feby 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Johnson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 68 Little Church Street

Cause of Death, First (Primary,)

Second (Immediate.) Pneumonia

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Potter Field

Date of Burial, Feb 8th

Undertaker, H. H. C. Perry

Place of Business, 1198 W. Pratt St

M. O'Donovan M. D.

~~Medical Attendant.~~ Coroner

Address 98 Leech

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 822,

HEALTH DEPARTMENT 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Bedeker

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 173 Columbia St.

Cause of Death, {First (Primary,) Phthisis

{Second (Immediate,)

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Laudon Park

Date of Burial, Feb 8th Monday

Undertaker, P. J. Dill

Place of Business, Columbia St. 183

J. G. Keller M. D.

Medical Attendant.

Address 89 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 823,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febr. 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry N. Schmidt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Y

Age, 2 *Years,* 9 *Months,* 18 *Days.*

Color, *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Segar maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Waesche B.

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) Typhoid

Duration of Last Sickness, 17. Days

All the above information should be furnished by the Physician.

Place of Burial, ~~Eastern Cemetery~~ Loudon Park

Date of Burial, Febr 9th 1875

Undertaker, Julius Koehler *Address*

Place of Business, Cor, Sharp & Hoffman St.

Louis (illegible) M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 824

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday 5th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Burhan Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 80 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Waiter.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Snow Hill Somerset Co Md

Duration of Residence in the City of Baltimore, About Seventy years

Place of Death, {Give street and number.} 18 Hamilton st Balt

Cause of Death, First (Primary,) Dropsy

Second (Immediate,) Old age.

Duration of Last Sickness, about six yrs

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery J H Patterson *M. D.*

Date of Burial, Feby 8 1875 Medical Attendant.

Undertaker, Saul & London *Address*

Place of Business, No 65 Park Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 825

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 4th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno. Wesley Goldsborough

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 35 *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 5 S. Duncan alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 5 S. Duncan alley

Cause of Death, First (Primary,)

Second (Immediate.) Pneumonia

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

From information

Place of Burial, Eastern Potter's Field

Date of Burial, Feb. 6th. 1875

Undertaker, Wm. Donovan

Place of Business, 5 Bank St. *Address* Town & Eyster

Thos. Kane M. D.
Coroner

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 826

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nellie Bond Fricks

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* Three *Months,* Eleven *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 50 E. Eager st

Cause of Death, First (Primary,) Catarrh

Second (Immediate,) Congestion of Lungs

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto cemt

Date of Burial, Feb — 8th

Philip C. Williams M. D.
Medical Attendant.

Undertaker, John J Bodenmayer *Address* 201 Madison Ave

Place of Business, 162 E Monument st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 827

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Saturday Feb 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Smith

~~*Sex*~~, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 44 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Female

Married, ~~*Single,*~~ *Widow* or ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland — 24 years

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 282. N. Front-st

Cause of Death, First (Primary,) Consumption

Second (Immediate.) pneumonia

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem Balt Co Md

Date of Burial, Feb 8th 1875

Undertaker, George Schillaig *Address* No 31 Calvert st

Place of Business, monument Square st

E. G. Wiles M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 828, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 7th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles A Wiesan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} # 29 Wilkens alley, Baltimore City, Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 29 Wilkens alley

Cause of Death, First (Primary,) Teething

Second (Immediate,) Convulsions

Duration of Last Sickness, 40 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 9. 1875

Undertaker, S W Chase

Place of Business, 81 & 83 E. Howard St. *Address* 161 S. Sharp St.

Lot. Bell

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 829.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Henry Effinger Lloyd

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, about 53 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Arundel Co. Md

Duration of Residence in the City of Baltimore, about 2 years

Place of Death, {Give street and number.} 161 Effinger st

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Hemorrhage of Lungs & Intestines

Duration of Last Sickness, about 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 8. 1875

Undertaker, S. W. Chase

Place of Business, No. 162 S. Howard St *Address* 26 Baldwin Square

Dr Dalton *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 830,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby. 7th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Roseann Sorrell

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 5 3 *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Fem.

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Northampton Co. Va.

Duration of Residence in the City of Baltimore, 24 yrs.

Place of Death, {Give street and number.} 183 Henrietta St.

Cause of Death, {First (Primary,) Asphyxia.
{Second (Immediate,)

Duration of Last Sickness, about 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 9. 1875

{*Undertaker,* G W Chase
{*Place of Business,* 1250 Edmondson Av

H. J. H. Tall, M. D.
Medical Attendant.

Address 158 N. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 831,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT. FEB BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 7th. 1870.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Gabrielle Chrystie

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 22 *Years,* — *Months,* — *Days.*

Color, White

Sex, —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, A few Months.

Place of Death, {Give street and number.} 219 Calvert St. Balto.

Cause of Death, First (Primary,) "Scarlatina"

Second (Immediate,) "Uraemia"

Duration of Last Sickness, Several weeks.-

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Tuesday 9th Inst.

Undertaker, H. M. Jenkins & Son

Place of Business, 16 Light St — *Address*

Alex. P. Smith *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 832,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.}

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 6 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 2 Ly Bank St

Cause of Death, {First (Primary,) Malformation

Second (Immediate,) Spasms & Croup

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Feb 9

Undertaker, Windy, *Address* 214 W Fayette St

Place of Business, 54 S Broadway

H. Kyle *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 833,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Lewis Rasel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 11 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Norfolk Virginia

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 92 S. Caroline St

Cause of Death, {First (Primary,) Malignant Scarlatina / Second (Immediate,)

Duration of Last Sickness, One days

All the above information should be furnished by the Physician.

Place of Burial, Loudon

Date of Burial, 3d of Feb 1875

{*Undertaker,* Hayden & Co.

{*Place of Business,* 252 Eastern Av.

Samuel E. Rasel *M. D.*
Medical Attendant.

Address 279 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 834

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 8th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Lee Bentz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 3 *Months,* 12 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 year, 3 months & 7 days

Place of Death, {Give street and number.} 78 S. Duncan Av.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel James H. McShane M. D.

Date of Burial, Feb 11th 1895 Medical Attendant.

Undertaker, George Kephart *Address* 254 Eastern Ave

Place of Business, 33 Fleet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 835,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Linder

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} F.

Age, about 6 *Years,* *Months,* *Days.*

Color, Light Mulatto *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Child

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Co.

Duration of Residence in the City of Baltimore, about 5 years

Place of Death, {Give street and number.} 206 Madison Ave. Balt.

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate,) Collapse.

Duration of Last Sickness, about 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 7 1875

Undertaker, John Gorsuch

Place of Business, No 65 Park Ave.

Address 26 Madison Ave.

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 836

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Virginia Barnett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Eight *Years,* two *Months,* *Days.*

Color, Black *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life long

Place of Death, {Give street and number.} 245 N Dallas St

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,) Effusion

Duration of Last Sickness, twenty days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Feb 9th 1875

Undertaker, Wm H. Bunge

Place of Business, No 104 East

W Webster Cathell M. D.
Medical Attendant.

Address 14 S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 837.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 7

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Foster

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 71 *Years,* 10 *Months,* — *Days.*

Color, white *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria - 26 years

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} No 11 Harrison St

Cause of Death, {First (Primary,) ~~do~~ Phthisis Pul:
Second (Immediate,)

Duration of Last Sickness, 2 1/2 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 9th 1875

Undertaker, Henry W. Mears

Place of Business, 64 N Gay St

Edmund R Walker M. D.
~~Medical Attendant~~ Coroner 1st Dist

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 838.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
1875
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 4 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Infl Eliza V. Stanley Chesterfield

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. } female

Age, *Years* Col'd *Months,* 9 Mos *~~Days.~~*

Color, *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt.o City

Duration of Residence in the City of Baltimore, 9 Months

Place of Death, { Give street and number. } 56 Duncan Alley

Cause of Death, { First (Primary,) / Second (Immediate.) } Catarrh Lungs "Pneumonia"

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Catholic B.G.

Date of Burial, Feby 5th 1875.

Undertaker, Theo Sachs.

Place of Business, 65 S. Wolf St *Address*

James A Steuart M.D.
Medical Attendant.
Cor of Hanover & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE.

Permit No. 839.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 8th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} George Bessler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~11 days~~ *Years,* *Months,* 11 *Days.*

Color, white *Sex,* Male

~~Married, Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 244 S. Durham st.

Cause of Death, First (Primary.) Spasms

Second (Immediate.)

Duration of Last Sickness, 5 Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetery. Mrs E. Bushmann M. D.

Date of Burial, February 9th Medical Attendant. Midwife

Undertaker, H. Sander *Address* 191 Bank st.

Place of Business. Canton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 840.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 7 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hester King Col'd

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 51 *Years,* ——— *Months,* ——— *Days.*

Color, Black ——— ~~Sex,~~

~~*Married,* *Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prince Geo Co Maryland

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give street and number.} 27 Moores Alley

Cause of Death, First (Primary,) Edeulus.

Second (Immediate,)

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 9 1875

Samuel Stein M.D.

~~Address of Attendant.~~

{*Undertaker,* Sam'l W Chase. & *Address* Comm'r of Health

{*Place of Business,* 50 Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8411

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febr 5/75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Marion Clarke

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Westenport Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 72 W. Pratt near Gilmor

Cause of Death, First (Primary,) Scarlet Fever (Congestive form)

Second (Immediate,) Dyspnoea

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Westernport Md

Date of Burial, 10th Feb 1875

Thos. Quinan M. D.

Medical Attendant.

Undertaker, Jos. Loane

Place of Business, 568 West Balto St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 842

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~Oct~~ Oct 8th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Miss Sarah Harper

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 83 *Years,* — *Months,* 28 *Days.*

Color, White *Sex,* Female

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 256 N Fayette St

Cause of Death, { First (Primary,) / Second (Immediate,) } Old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Westminster Carroll County

Date of Burial, 10th Oct 1875

Undertaker, Jos. Loane

Place of Business, 568 West Balto St Address

Thos Pennington M. D.
Medical Attendant.
210 Franklin
City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 843,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah Jane Miller

Sex, Male or Female, { Cross out the words not required in this line. } Female

Age, 34 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow, Widower, { Cross out the words not required in this line. }

Occupation, Housekeeper

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore. 33 y

Place of Death, { Give street and number. } 768 W. Balto. St.

Cause of Death, { First (Primary,) } Schirrus Cancer of Breast & Glandular System.
{ Second (Immediate,) }

Duration of Last Sickness, 2 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, 10th Feb 1875

Undertaker, Jos. Deane

Place of Business, 568 West Balto St *Address* 558 W. Baltimore St.

John Neff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 844

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 6 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Linthicum

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* 9 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Linthicum City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} No 53 S. Washington St.

Cause of Death, First (Primary,) Scarlatina.

Second (Immediate,)

Duration of Last Sickness, Three Days.

All the above information should be furnished by the Physician.

Place of Burial, Linthicum Cemetery.

Date of Burial, Feb 10, 1875

Undertaker, H. Ulrich A. Dauzer

Place of Business, 74 S. Broadway

Nicholas L. Sullivan M. D.
Medical Attendant.

Address 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 845

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Laura J. Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 78 S. Castle St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Anemia

Duration of Last Sickness, Do not know, have been in attendance for 10 days past

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb. 10, 1875

Undertaker, Matthias A. Dauer

Place of Business, 74 S. Broadway

James F. McShane M. D.
Medical Attendant.

Address 254 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 846, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday Feb 7 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Leahey

Sex, Male or Female, { Cross out the word not required in this line. } ....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Blacksmith

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Limerick Parish of Kilnaboy Ireland

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, { Give street and number. } 29 Eliott St Canton

Cause of Death, { First (Primary,) Inflamation of brain from
Second (Immediate,) Injury to Skull

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, February 9th 1875

James E. Emmett M. D.
Medical Attendant.

Undertaker, Matthias P. Daiger

Place of Business, 20 S Broadway *Address* 299 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 847

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 8. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Bach.

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 31. *Years,* — *Months,* — *Days.*

Color, white. *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number.} 120 Dallas st. North

Cause of Death, { First (Primary,) / Second (Immediate,) } Pneumonia

Duration of Last Sickness, Jan. 26 – Feb. 8.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemet.

Date of Burial, Feb. 10. 1875.

C. Hoffmeier M. D.
Medical Attendant.

Undertaker, H. Hofmann.

Place of Business, 63 N. Eden St. *Address* 52 N. Augustine.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty he Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish hin forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ng forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8481

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

1875.

Date of Death, 8th. February Blackstock A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anton Martinac

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 44 *Years,* 7 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laborer on the B.O.R.R.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Posen, Prussia, Germany 2 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Alice Anne street 265.

Cause of Death, {First (Primary,) Second (Immediate,)} Hydropericardium "Dropsy" 4 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Cemy William Henkel M. D.

Medical Attendant.

Date of Burial, Feb. 9th

Undertaker, Wendelin Dipper *Address* S. Wolfe & 117.

Place of Business, South Bond st. 151

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 849.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Kelly

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3-9 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore, Forty Years

Place of Death, {Give street and number.} at House on Sharp St - it is Residence is Light St

Cause of Death, First (Primary,) one door from Pt. Av.

Second (Immediate.) Apoplexy

Duration of Last Sickness, only a few Moments

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, February 11th 1875

Undertaker, Chas. B. Herod

Place of Business, 161 Hanover St.

H B Scott M. D.
Medical Attendant.

Address 17 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 850,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 8,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Davis

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 21. *Years,* 4 *Months,* 23 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, 21. Years 4 Months 23 days

Place of Death, {Give street and number.} 11. Gittings St

Cause of Death, {First (Primary,) / Second (Immediate,)} Congestion of Lungs

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Clare Cemetery

Date of Burial, February 10th 1875

Theodore Orr M. D.
Medical Attendant.

{*Undertaker,* Charles Arnold / *Place of Business,* 101 Hanover St.} *Address* 148 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 857.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Leon Lauer~~ February 7. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leon Lauer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 53 *Years,* *Months,* *Days.*

Color, White *Sex,* Married

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Capitalist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 32 Years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 283 W. Lombard St. near Penn

Cause of Death, {First (Primary.) Paralysis
Second (Immediate.) Softening of Brain

Duration of Last Sickness, about three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Feby 10. 1875

Undertaker, C. Appleman & Sons

Place of Business, 22 North Gay st.

J. H. Whitson M. D.
Medical Attendant.

Address 251 Mad. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 852,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7th Feby

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah Brown.

Sex, ~~Male~~ *Female,* { Cross out the word not required in this line. }

Age, 4 *Years,* 7 *Months,* 4 *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widowed~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 144 Pine St.

Cause of Death, { First (Primary,) Dysentaria Secondary (Immediate,) Pneumonia

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, West-Laurel-Cemetery

Date of Burial, 2 PM Feby 9th 75

Undertaker, Thos O Hughes

Place of Business, 60 & 62 Balto St.

W. H. Crim M. D.
Medical Attendant.

Address S.E. Cor Eden & Fayette Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 853,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 8th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Johann Effing

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* 5 *Months,* 20 *Days.*

Color, white *Sex,* male

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Blacksmith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany; 21 years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 107 Low Street

Cause of Death, First (Primary,) Phthisis pulmonalis.

Second (Immediate,) Amyloid Degeneration of the Kidney.

Duration of Last Sickness, about 3 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Feb 9th 1875

Chas J. Klucker M. D.
Medical Attendant.

Undertaker, Geo Cook

Place of Business, 30 Eutaw St. *Address* 197 Asquith Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. ~~##~~ 8574

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Monday. Febr. 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edna Warfield

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female.

Age, ~~Years,~~ ~~Months,~~ 3rd Days.

Color, White *Sex,* Female

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 163. W Lombard Street

Cause of Death, {First (Primary,) Atelectasis pulmonum

Second (Immediate,)

Duration of Last Sickness, Two Days.

All the above information should be furnished by the Physician.

Place of Burial, Potters-field

Date of Burial, Febry 9th 75.

Undertaker, Wm Donovan

Place of Business, E Pattersfield

Signed Wm H. D.
Medical Assistant.
Acting Physician

Address Md Lying in Hospital
of the College of Physicians & Surgeons

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 853,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 9 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *immediately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 8th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Krantz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 72 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Institution of the Little Sisters of the Poor

Cause of Death, First (Primary,)

Second (Immediate,) Pulmonary Consumption

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cimetery

Date of Burial, February 10 2

Undertaker, Sisters

Place of Business,

Jno Burke Boyle M. D.
Medical Attendant.

Address 174 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 856.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ella Riley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 49 Wilcox

Cause of Death, {First (Primary,) Scarlet fever

{Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mess. Rutherel

Date of Burial, February 10th 1875

Undertaker, Julius Koehler

Place of Business, Cor Sharp & Pratt sts *Address* 57 Barre

H. H. Mebane M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 857

HEALTH DEPARTMENT FEB 9 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma V Smith

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Home wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number.} 43 S Sticker St

Cause of Death, {First (Primary,) Puerperal Convulsions

{Second (Immediate,) " "

Duration of Last Sickness, Two Day

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetary

Date of Burial, Feb 10th 1875

Undertaker, Hughes

Place of Business, Cor Fayette & Republican

Wm S Rogers M. D.
Medical Attendant.

Address 845 W Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 858

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 9. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Walter

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 3 *Months,* ____ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~

Occupation, ~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ~

Place of Death, {Give street and number.} 698 W Baltimore St

Cause of Death, { First (Primary,) Spasms

Second (Immediate,) Half hour. The child was not seen by any physician - death having ensued so quickly upon the Convulsions - These statements are from family

Duration of Last Sickness, seizure - Wm M Kemp M. D.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 10th 1875

Undertaker, A. Weidemeyer

Place of Business, 558 W. Baltimore St

Address 55 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 859.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 9. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John McDonald

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ 3 *Months,* *Days.*

Color, White ~~Sex.~~

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wilcox Street

~~*Duration of Residence in the City of Baltimore,*~~

Place of Death, {Give street and number.} 32 Neighbor Street

Cause of Death, {First (Primary,) Convulsions / Second (Immediate,)

Duration of Last Sickness, 12 hours.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemt

Date of Burial, Feby 12th

Marbury Brown M. D.
Medical Attendant.

Undertaker, John J. Rodenmayer

Place of Business, 102 E Monument St *Address* 201 W. Biddle Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 860

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matilda A. Smith

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, Near 72 *Years,* *Months,* *Days.*

Color, White — *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} London Co. Va.

Duration of Residence in the City of Baltimore, About three years.

Place of Death, {Give street and number.} 38 Mulberry St.

Cause of Death, {First (Primary,) Erysipelas.
Second (Immediate,)

Duration of Last Sickness, Four days and a half —

All the above information should be furnished by the Physician.

Place of Burial, Washington D.C.

Date of Burial, February 10th 1875 — Christopher Johnston M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 4 & 6 Druid Hill Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 861

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Mary Virginia Warner

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 271 St Paul St Balti

Cause of Death, First (Primary,) Disturbance of mind

Second (Immediate,) Some heart trouble –

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Oak Hill County Georgetown D.C.

Date of Burial, Thursday 11th Feb.

James A Steuart M. D.
Medical Attendant.

Undertaker, Henry H. Jenkins & Son *Address* 93 Park St

Place of Business, 16 Light.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 862,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 9th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Keese

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, *Years,* *Months,* 24 *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 201 E. Pratt St.

Cause of Death, First (Primary,) Congenital Syphilis & Dropsy

Second (Immediate,) Convulsions

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feby. 10. 1875

Undertaker, Mathias A Dwyer

Place of Business, 74 S. Broadway

G. Glanville Keese M. D.
Medical Attendant.

Address Balt. & Washington, Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 813, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Moore Wm H Sallis

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Since childhood

Place of Death, {Give street and number.} No 245 n Calvert — Balto.

Cause of Death, {First (Primary,) Pulmonary Phthisis (Chronic)
{Second (Immediate,) Exhaustion,

Duration of Last Sickness, About six months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery Richd Buckler M. D.

Date of Burial, Feby 10th 1875 Medical Attendant.

Undertaker, Wm Gimmerman

Place of Business, 88½ n Howard St *Address* 135 n Charles St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 814

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 3 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Stonheimer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Eighty five *Years,* 6 *Months,* 7 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 26 Cumbile Street. (Columbia St)

Cause of Death, {First (Primary,) & Second (Immediate.) Pneumoni

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, No York Lutheran Cemetery

Date of Burial, Feb 11

Undertaker, Wm Eitan

Place of Business, 101 Gough

Wm. P. Titus. M. D.
Medical Attendant.

Address Ohebobshalm

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 815, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1895 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 9th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Welsh

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 53 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.} Married

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 years.

Place of Death, {Give street and number.} Castle alley 1 door north Eutaw

Cause of Death, {First (Primary,) Consumptive

{Second (Immediate,)

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feb 10th 1895

Undertaker, H M Gibney

Place of Business, 344 Eutaw St *Address*

James F Clemm M. D.
~~Medical Attendant.~~
Cor to Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 846.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,* male

~~*Married, Single,* Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 84 Durham St

Cause of Death, {First (Primary,) Cold

{Second (Immediate,) Congestion of Brain

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, E. Patten Field

Date of Burial, February 10

{*Undertaker,* Wilson Donovan

{*Place of Business,* 5 Bank St.

Johnston Glenn M. D.

~~Medical Attendant~~

Address Camp & Raynor

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 817

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 3rd 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Hulbert

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ——— *Years,* ——— *Months,* Four *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ———

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Lawrence st.

Duration of Residence in the City of Baltimore, ———

Place of Death, { Give street and number. } 47 Lawrence st.

Cause of Death, { First (Primary,) ——— Second (Immediate.) ———

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Feb. 10th 1875

Undertaker, Thos. O'Hughes

Place of Business, 10 E Balto st *Address*

Wm. E. Ellwanger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 818.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB
16
1875
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Gertrude Metz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 11 *Years,* 4 *Months,* 1 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} German Empire, 2 years in U. States.

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} No 758 North Fayette

Cause of Death, First (Primary,) Cirrhosis of the liver, ascites dropsy

Second (Immediate.) Exhaustion

Duration of Last Sickness, about 4 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, February 18th 1875

Undertaker, Thos. Wm. Wade

Place of Business, 107 Central Ave.

C. F. Faulmann M. D.
Medical Attendant.

Address No 187 E. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 869,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 9th 1875

~~*Full Name of Deceased,*~~ { Write legibly and spell correctly. If an infant not named, give names of parents. } Fred. Pillert + Mary Pillert

~~*Sex,*~~ *Male* ~~*or Female,*~~ { Cross out the word not required in this line. } male

~~*Age,*~~ ~~*Years,*~~ ~~*Months,*~~ 15 Minutes ~~*Days.*~~

Color, white *Sex,* male

~~*Married, Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Jefferson st. extended nr. Castle

~~*Duration of Residence in the City of Baltimore,*~~

Place of Death, { Give street and number. } Jefferson st. extended nr. Castle

Cause of Death, { First (Primary,) The above was a six months
Second (Immediate,) foetus and lived but 15 minutes after delivery

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Feb. 10th

Pierre G. Dauterive M. D.
Medical Attendant.

{ *Undertaker,* Wendelin Diffel *Address* 97 N Broadway
{ *Place of Business,* South Bond st. 251

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 870,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Whitely

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, Years, 8 Months, Days.

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 8 Months

Place of Death, {Give street and number.} 135 Greenmount Ave

Cause of Death, { First (Primary,) "
Second (Immediate.) Gastro Enteritis

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetay

Date of Burial, Feb 11th 1875

{ *Undertaker,* W. Heckman
Place of Business, Gay St. cor Mott

S. W. Hunter M. D.
Medical Attendant.

Address 111 Green Mount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 871

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9th February

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Eugenie Allwell

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 7 *Months,* 4 *Days.*

Color, White

Sex,

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 4 years 7 months & 4 days

Place of Death, {Give street and number.} No 219 Orleans st

Cause of Death, {First (Primary,) Chronic Croup

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Feb 12th

{*Undertaker,* Wm Fry

{*Place of Business,* 54 N Broadway

Wm. L. Russell M. D.

Medical Attendant.

Address Broadway & Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 872,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of ~~said~~ deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Mariana Kilchenstein

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany —

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St Josephs Hospital

Cause of Death, {First (Primary,) Acute Tuberculosis / Second (Immediate,) Pleuro-Pneumonia —

Duration of Last Sickness, Was in Hosp - from Jany 28th 1875 —

All the above information should be furnished by the Physician.

Place of Burial, Westminster Yd

Date of Burial, Feby 11th 1875

Undertaker, A. Wack

Place of Business, 319 Central Ave

Oscar J. Carter, M. D.
Medical Attendant.

Address St Josephs Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 873,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Leonard

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, Eighty five *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married, Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, About Twenty years

Place of Death, {Give street and number.} Chase St Corner Eighth

Cause of Death, First (Primary,) I have not seen her for more than two

Second (Immediate.) Ventricular tumor for Neuralgia - Old age

Duration of Last Sickness, ~~xx~~ Six Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, February 12th /75

Undertaker, Geo Schilling

Place of Business, 212 E. Monument st ~~N. Howard st~~ Eutaw st

A Hartman M. D.

Medical Attendant.

Address 305 N Carolina St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 874

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 10 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Dorothea Pillott

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 27 *Years,* 2 *Months,* 4 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 6, Centre Market

Cause of Death, { First (Primary,) Phthisis Pulmonalis / Second (Immediate,)

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Hamm M. Arnold M. D.

Date of Burial, February 12th/75 Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, No 282 E Monument st Address

N.W. Cor Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 875

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febuary 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna E. Mejure.

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 75 *Years,* — *Months,* — *Days.*

Color, White *Sex,* female

~~Married~~, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, [redacted] none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kingdom of Hanover Germany

Duration of Residence in the City of Baltimore, 45 Years.

Place of Death, {Give street and number.} 57 York Street Baltimore

Cause of Death, {First (Primary,) / Second (Immediate,)} Organic Disease of Heart

Duration of Last Sickness, Never Confined To room — death sudden

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 12th Feb 1875

{*Undertaker,* Armstrong & Orrey / *Place of Business,* Light & Montgomery.

R. W. Dodge M. D.
Medical Attendant.

Address 201 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 876

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herrman Fallen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* 14 *Days.*

Color, white *Sex,*

~~*Married, Single,* Widow or Widower~~, {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} № 213 Cross St.

Cause of Death, {First (Primary,) Spasm

~~(Second (Immediate.)~~

Duration of Last Sickness, 7 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Matthew Church *R. F.* Adolph Boehm, M. D.

Date of Burial, February 11th 1875 Medical Attendant.

Undertaker, Julius Kochler

Place of Business, Cor Sharp & Cross. *Address* st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 877,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February (10) tenth.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Fortenbaugh.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* Ten *Months,* Fifteen *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} No 13 McHenry Street,

Cause of Death, First (Primary,) Pneumonia,
Second (Immediate,) Exhaustion

Duration of Last Sickness, Ten days,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 12

Undertaker, H Brile

Place of Business, Henrietta & 81

Wm R Eldridge M. D.
Medical Attendant.

Address 15 McHenry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 878

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ferdinand H. Bartholmes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 5 *Days.*

Color, White *Sex,* male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 209 E Monument St

Cause of Death, First (Primary,) Spasms

Second (Immediate,)

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem Ernest H Lenni M. D.

Date of Burial, Feb 11th 1875 Medical Attendant.

Undertaker, Peter Schultheis Ernest Kuster Reporter

Place of Business, 183 Monument St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 879

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 9th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Riley

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} ... *Days.*

Age, 35 *Years,* *Months,*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ballyjohaglish Parish, Co. Mayo, Ireland,

Duration of Residence in the City of Baltimore, 23 years.

Place of Death, {Give street and number.} 60 S. Lapel Or.

Cause of Death, {First (Primary,) / Second (Immediate,)} Metro-peritonitis,

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery John F. Cunningham M. D.

Date of Burial, Feby. 11th 1875 Medical Attendant.

{*Undertaker,* Matthias A. Dauze / *Place of Business,* 74 S. Broadway} *Address* Co. Calvert & Read Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 880.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Birdie M. Randall

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} female

Age, 1 Years, X 3 Months, X. 28 Days.

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 26 & Hughes St.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 26 Hughes St.

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,) three weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem. A. Woodyer M. D.

Date of Burial, Feby. 12th 1875 Medical Attendant.

{*Undertaker,* Julius Koehler *Address* 207 Hanover St.

{*Place of Business,* Cor Sharp & Cross sts. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 881

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, duly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby. 9th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Rockel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 14 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, no occupation

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 22 New Church St.

Cause of Death, First (Primary,) Chronic Inflammation of the Bladder

Second (Immediate,)

Duration of Last Sickness, Two years and eight months

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, Feb 11th 75

Undertaker, Conrad Rockel

Place of Business, 1 N. Gay St.

Louis W. Knight M. D.
Medical Attendant.

Address 112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 882,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febr. 11th 75.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Kaiser.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 5 Years, 9 Months, Days.

Color, White. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 193 S. Bond St.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 193 S. Bond St.

Cause of Death, First (Primary,) Burning

Second (Immediate.)

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Schwartz B.G

Date of Burial, Feb 11

Undertaker, Metropolitan Dispatch

Place of Business, 193 S. Bond St. *Address*

E Hamel, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 883,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death, if practicable, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 10th (3 AM)

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Henry Simon

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, fifty two *Years,* two — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} (Divorced)

Occupation, Turner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany; in the U.S. ten years

Duration of Residence in the City of Baltimore, ten years

Place of Death, {Give street and number.} 428 Caudon Ave

Cause of Death, First (Primary,) Phthisis pulm.

Second (Immediate,) Exhaustion

Duration of Last Sickness, ten weeks (three years)

All the above information should be furnished by the Physician.

Place of Burial, M. A. Johnsons

Date of Burial, Feb. 10"

Undertaker, Wendelin Diffel

Place of Business, South Bond st. 151 *Address* 12. S. Eden st

S. Winternitz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8847

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 8th, 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Unknown

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, 36 *Years,* about *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } not known

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Jones Falls

Cause of Death, { First (Primary,) Drowning
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Each Bitten's Field

Date of Burial, Feb 8th 1875

Undertaker, Wm Donovan

Place of Business, 5 Bank St.

Thos. Kelly *M. D.*
Medical Attendant.

Address Town & Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8750

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 10th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Sophia Haid

Sex, Male or Female, {Cross out the word not required in this line.}

Age, five *Years,* nine *Months,* twenty four *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany Resident in United States 2 years

Duration of Residence in the City of Baltimore, Two years

Place of Death, {Give street and number.} 1256 North Central Avenue

Cause of Death, First (Primary,) Scarlet fever, followed by double Pneumonia.

Second (Immediate,) & Exhaustion.

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, February 12th 1875

Undertaker, [illegible]

Place of Business, [illegible]

C. J. Trautmann M. D.
Medical Attendant.

Address N. 8th & Monument.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 886.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 9th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Howard

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 80 *Years,* ——— *Months,* — *Days.*

Color, Black *Sex,* Female

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt: City

Duration of Residence in the City of Baltimore, All Life

Place of Death, {Give street and number.} No 21 Orleans St-

Cause of Death, {First (Primary,) / Second (Immediate,)} old age

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, E. Baltimore Field

Date of Burial, Feb. 9th 1875

Undertaker, Wm Donovan

Place of Business, 67 Banks

Edmund D Walker M. D.
Medical Attendant.

Coroner 4th P Dist

Address No 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 887.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 10th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Kleph.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* 11 *Months,* 29 *Days.*

Color, White *Sex,* Female

~~*Married,* *Single,*~~ *Widow* ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} A. A. Co. Md.

Duration of Residence in the City of Baltimore, 39 yrs

Place of Death, {Give street and number.} Drumond St. No 19.

Cause of Death, First (Primary,) Heart disease

Second (Immediate,)

Duration of Last Sickness, Continued pain in region of heart

All the above information should be furnished by the Physician.

Place of Burial, A. A. Co. Md

Date of Burial, Feb 12th 1875

Undertaker, John Hacker

Place of Business, No 150 Camden

Address Elec. Rec. Tickets

J. H. Quinn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 888,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1875 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Feb 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Hattie Rebecca Royer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 6 — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} — — — —

Occupation, — —

Birthplace, {State or country (and how long in the United States, if of foreign birth)} 340 Chapple st

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and number.} 340 Chapple st

Cause of Death, {First (Primary,) Hydrocephalus

{Second (Immediate,)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Mt Pi Road

Date of Burial, Feb 11, '75

E. C. Jordan M. D.
Medical Attendant.

Undertaker, Conty

Place of Business, 51 & N Broadway Address 225 Aisquith st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Permit No. 889.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Moss.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 16 *Years,* 5 *Months,* *Days.*

Color, White *Sex,* male

~~Married~~; *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Student

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, about 4 years

Place of Death, {Give street and number.} S. W. Corner of Monroe Sts

Cause of Death, First (Primary,) Hypertrophy Heart

Second (Immediate,) Anasarca

Duration of Last Sickness, 29 Days

All the above information should be furnished by the Physician.

Place of Burial, New York

Date of Burial, Feb 12th 1875

Alfred Hughes M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, Nos 4 & 6 Druid Hill Ave *Address* 234 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 890

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Foster

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 11 *Months,* *Days.*

Color, White, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Six Months

Place of Death, {Give street and number.} No. S. Wolf St.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 11th 1875

Undertaker, Wm. H. Hickman. *Address* [illegible]

Place of Business, No. 234 W. Gay St.

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 891

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 11th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Infant Lee

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, *Years,* *Months,* 1 Minute *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } B. T. Albemarle st.

Cause of Death, { First (Primary,) Second (Immediate.) Apoplexy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patrick B Y

Date of Burial, Feb 12 1875

Undertaker, Cluley

Place of Business, 34 N Broadway *Address*

H. Lyle M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 892,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jeanne F. Gallico

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 11 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 10 Hanover Ext

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,) Last stage

Duration of Last Sickness, Last stage

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Feb 12 1875

Undertaker, Samuel P Byrne *Address*

Place of Business, No 63 N Frost St

N. J. Gatch *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 893

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaiah Purnell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 100 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Gender

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Nothing

Occupation, Baltimore Maryland

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Born in Balt. City

Duration of Residence in the City of Baltimore, No 57 Montgomery St

Place of Death, {Give street and number.} Hopkins Hospital

Cause of Death, {First (Primary,) Second (Immediate.)} Sore Throat

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 11. 1876

Undertaker, S McChase

Place of Business, No 182 Howard St

Address No 146 Hill St Balt. Md

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8914

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 8th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Abraham Linton Sheridan

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Fine *Years,* 4 two *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 5 yrs & 2 mo

Place of Death, { Give street and number. } 132 Chestnut St

Cause of Death, { First (Primary,) Diphtheritic Croup / Second (Immediate.) }

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Parkers Church

Date of Burial, Feb 11, 1875

Undertaker, J W Chase

Place of Business, 161 & Howard St

Elias 6 Price M. D.
Medical Attendant.

Address 110 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 895,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 10.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} May E. Simpkins

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 5. *Years,* 3. *Months,* ——— *Days.*

Color, Black. *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert Co. Md.

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 17. Canal alley

Cause of Death, First (Primary,)

Second (Immediate,) Burns

Duration of Last Sickness, 12. hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Theodore Leeds M. D.

Date of Burial, Feb 12. 1875

Medical Attendant.

Undertaker, S M Chase

Place of Business, No 142 Howard St *Address* 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 896

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Alton

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 1 *Months,* *Days.*

Color, Colored — *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Rear 210 Hughes st

Cause of Death, {First (Primary,) Typhoid Pneumonia / Second (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Harp. Cemetery

Date of Burial, Feb. 11 1875

Undertaker, [illegible]

Place of Business, [illegible]

J. Harvey Hill M. D.
Medical Attendant.

Address. 90 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT FEB 1875 BALTIMORE

Permit No. 897.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 10 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willard White.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, 4 Months, 2 Days.

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 309 Harford Avenue Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 309 Harford Av. Balt. City

Cause of Death, {First (Primary,) Marasmus?

{Second (Immediate,)

Duration of Last Sickness, during it whole Life.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, February 12 1875

Undertaker, Peter Schultheis

Place of Business, 184 Central Ave

L Rodgers Andre M. D.
Medical Attendant.

Address 1212 Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 898.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Detz

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 81 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, not Known

Place of Death, {Give street and number.} 290 E. Lombard St

Cause of Death, {First (Primary,) / Second (Immediate,) Consumption

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Feb 12th 1875

Undertaker, John Breen

Place of Business, 77 Hall St

James A Steuart M. D.
~~Medical Attendant.~~
Camp Hoth & Upton

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 899

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Meyer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days.*

Color, White *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ~~Male~~ Machinist

Occupation, Tennessee

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 18 months

Duration of Residence in the City of Baltimore, Corner of Hanover & Lee sts.

Place of Death, {Give street and number.}

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, 12th Feby 1875

{*Undertaker,* Armstrong & Denny

Place of Business, Montgy & Lytle Sts.

R. W. Dodge M. D.
Medical Attendant.

Address 261 Hanover Street Balto. Maryland

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 900

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 11th — 6. am. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie. Edw.d George

Sex, Male or Female, {Cross out the word not required in this line.} —

Age, 12 — *Years,* 10. *Months,* 13 — *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore. Md.

Duration of Residence in the City of Baltimore, all his life.

Place of Death, {Give street and number.} 20 Holland. Str.

Cause of Death, First (Primary,) Consumption

Second (Immediate,) —do—

Duration of Last Sickness, The last 10 years —

All the above Information should be furnished by the Physician.

Place of Burial, Balto. Co.y — Wm. Dohme — M. D.

Date of Burial, Febr. 13th — 75. Medical Attendant.

Undertaker, John J Rodemayer *Address* 86. E. Fayette St.

Place of Business,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT RECEIVED FEB 1875 BALTIMORE.

Permit No. 901,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 11 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Gipe

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ann St near Oleans Balto Md

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} Cor Jeffr Regester

Cause of Death, First (Primary,) Effects of Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, five weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt County

Date of Burial, Feb 12

Undertaker, Wm Frey

Place of Business, 54 N. Broadway

J Redgway Steele M. D.
Medical Attendant.

Address N 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 902

OFFICE OF REGISTRAR OF VITAL STATISTICS.

902,

HEALTH DEPARTMENT FEB 18 1875 BALTIMORE.

...who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled ... undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ... requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 10th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Plummer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* ... *Months,* ... *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 124 E. Pratt Eutaw

Cause of Death, { First (Primary,) Whooping Cough
Second (Immediate,) Bronchitis

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, February 12

Undertaker, J B Cook

Place of Business, 707 W Pratt St Baltimore

Edwd F. Mulholland M. D.
Medical Attendant.

Address 279 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 903,

HEALTH DEPARTMENT FEB 11 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. Mitchell. (Reputed)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Washington Road, near B & O R Road

Cause of Death, {First (Primary,) Second (Immediate,)} Scarlatina Maligna, 24 hours.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Friday Feb. 12

{*Undertaker,* Andrew Knell
Place of Business, Columbia St.

Jno. S. K. Boze, M. D.
Medical Attendant.

Address 913 N. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 1875 BALTIMORE.

Permit No. 904.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John King

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 60 Chatsworth st

Cause of Death, { First (Primary,) Scarlet Fever
Second (Immediate,)

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 2nd

Undertaker, Jas P Byrne

Place of Business, 53 Front *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 905

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, duly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decedent, or sooner, if requested so to do, under penalty of law.

No. 905

HEALTH DEPARTMENT FEB 12 1875 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10th February 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick J Chretien (Critten)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 5 yr. 6 mos

Place of Death, {Give street and number.} 33 Hanover

Cause of Death, {First (Primary,) Meningitis
Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Feb. 12th. 1875

Undertaker, C. F. Krause

Place of Business, 209. Hanover st *Address* 57 Barre st

D. N. Mebeth M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 906,

HEALTH DEPARTMENT FEB 12 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Phillip P. Pendleton Jr

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 7 *Months,* ——— *Days.*

Color, White *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 89 Park Street

Cause of Death, {First (Primary,) Inflamation of Bowels
Second (Immediate,)

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Feb 13th 1875

M. D.
Medical Attendant.

{*Undertaker,* Jacob Weaver
Place of Business, Ross St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 12 1875 BALTIMORE.

Permit No. 907.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febr. 11th 75.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles. Jacob. Wiegand

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, one *Years,* Day — *Months,* — *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. (Canton)

Duration of Residence in the City of Baltimore, all to life

Place of Death, {Give street and number.} 120 4th ave. ~~Canton~~

Cause of Death, First (Primary,) — Teething

Second (Immediate,) — Spasms —

Duration of Last Sickness, about 2 wks —

All the above information should be furnished by the Physician.

Place of Burial, 5th German Reformed St Paul Cemetary

Date of Burial, 12th Feb 1875

Undertaker, Geo Frechlich

Place of Business, 339 Canton Av

G. A. Dobmeier — M. D.
Medical Attendant.

Address 8 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 908.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

HEALTH DEPARTMENT FEB 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilmore Haynson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 10 *Months,* ——— *Days.*

Color, Black *Sex,* male

~~*Married, Single,* Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 99 Plum Alley.

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Hosp. of B. C.

Date of Burial, February 12 75

Undertaker, M. H. C. Perry

Place of Business,

James A. Steuart M. D.
Medical Attendant.

Comr of H. & Register
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 909

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No 909

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb: 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Southy Wilkins

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Carriage driver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Southampton county Virginia

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 100 Jackson st.

Cause of Death, {First (Primary,) Consumption / Second (Immediate.)

Duration of Last Sickness, Been confined to house about 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Park St Grave Yard

Date of Burial, Feb 12 1875 H. Buffett M. D.

Medical Attendant.

Undertaker, Thos C Gordon

Place of Business, 25 Park Ave Address 117 Madison Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 910.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *when properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Miriam Knorr

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 9 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 Month 9 days

Place of Death, {Give street and number.} 90½ Lee Street

Cause of Death, {First (Primary,) Whooping Cough
Second (Immediate,) Congestion of Brain

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 12th Feb 1875 C. A. Cooke *M. D.*
Medical Attendant.

Undertaker, J. F. Krauss

Place of Business, 204 Hanover Address Cor Lee & Hanover sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 911,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11 — 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William B Nichols

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Thirty four *Years,* Nine *Months,* *Days.*

Color, Dark *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoe-Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carolyn Co — Md

Duration of Residence in the City of Baltimore. Life time

Place of Death, {Give street and number.} No 50 Campbell Alley

Cause of Death, {First (Primary,) Consumption

Second (Immediate.) one year.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 13th 1875

Undertaker, Hof Fry

Place of Business, 65 Milton St

D G Rose M. D.
Medical Attendant.

Address 89 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 912. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Hampton Boyd~~ (Elizabeth Anderson)

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, One *Years,* 1 2 *Months,* 1 *Days.*

Color, Black *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 1 yr. 1 mo.

Place of Death, {Give street and number.} Rear 34 Amity & Stricker No 236

Cause of Death, {First (Primary,) Whooping Cough

{Second (Immediate.)

Duration of Last Sickness, 2 wks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 12

{*Undertaker,* W. H. Chase

{*Place of Business,* No 198 N. Howard

J. G. Wiltshire M. D.

~~Medical Examiner~~

Address 398 W. Fayette St. Balto.

I did not attend child, but was informed by woman who was with child.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

State of Maryland, City of Baltimore,

Permit No. 913.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maxamilian Blumenthal

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Don't Know

Place of Death, {Give street and number.} Cor Hollin & Republican Sts

Cause of Death, {First (Primary,) Exposure to Cold: Uraemia & Acute Trouble
Second (Immediate,) Congestion Kidney Acute Bright's disease

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Cemetery of Oheb Shalom Congregation

Date of Burial, February 12th 1875

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw St

D. R. Wilkins M. D.
Medical Attendant.

Address 169 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9114

HEALTH DEPARTMENT FEB 12 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11th February 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Millie Robinson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, Black *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Wash woman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Matthews Co Virginia

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} No 171 N. Spring St

Cause of Death, {First (Primary,) Consumption / Second (Immediate,)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 12th 1875

{*Undertaker,* William N. Lange / *Place of Business,* No 104 East St.

William L. Russell M. D.
Medical Attendant.

Address 1 Broadway Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 915

HEALTH DEPARTMENT FEB 12 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Johnson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* —— *Months,* —— *Days.*

Color, Black *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 220 Caroline St

Cause of Death, {First (Primary,) / Second (Immediate,)} Diarrhoea

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 12th 1875

Undertaker, S. H. Chase

Place of Business,

Chas A Hunt M. D.
Medical Attendant.

Camp Ground & Bryson
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 916.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 11th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Richards

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, *Years,* 8 *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 10 & 11 Eddy St Court

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 10 & 11 Eddy St Court

Cause of Death, { First (Primary,) Spasm / Second (Immediate,) Unknown

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 12th 1875

{ *Undertaker,* Theodore Locke

{ *Place of Business,* 64 S. Wolf st

Address

A. A. Gill M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 917

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 9th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Virginia Roberts

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* 1 *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philpot alley

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, {Give street and number.} 41 N. Chapel St.

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Croup & partial pneumonia

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

from information

Thos. Kelly *M. D.*

Medical Attendant.

Place of Burial, Dallas St. burying Ground

Date of Burial, Feb. 12th 1875

Undertaker, Theodore Locke

Place of Business, 65 S. Wolf St.

Address Fawn & Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 918,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 11th 4 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Henry Wimling

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 7. *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Mariner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 72 Block Street, East Baltimore.

Cause of Death, First (Primary,) Cold.

Second (Immediate,) Pneumonia

Duration of Last Sickness, 4 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 14

Undertaker, A. Bohan

Place of Business, 36 Thames St.

Address

Dan'l Cockrill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 919.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 12 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Kerr

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 48 years

Place of Death, {Give street and number.} 209 S. Bethel Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Asthma

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery James H. Keenan M. D.

Date of Burial, Feb 14th 1875 ~~Medical Attendant.~~ Surg U.S. Revenue

{*Undertaker,* Jas P. Byrne *Address*

{*Place of Business,* Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 920.

HEALTH DEPARTMENT FEB 12 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10 P.M. February 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Ellen Rudolph

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years~~, 7 *Months,* *Days.*

Color, white ~~Sex~~,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 394 S. Charles street

Duration of Residence in the City of Baltimore, 7 months

Place of Death, {Give street and number.} 394 S. Charles street

Cause of Death, {First (Primary,) Catarrh / Second (Immediate.) Pneumonia

Duration of Last Sickness, 30 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 13th 1875

Undertaker, Chas. F. Herold

Place of Business, 161 Hanover St.

M. O'D. Donavin M. D.
Coroner
Medical Attendant.

Address 98 Lee street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 921

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 12th February 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Chas Harris Hodges

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, _____ *Years,* _____ *Months,* 10 3/4 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } No 40 Charles St

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 40 Charles St

Cause of Death, { First (Primary,) _____ Second (Immediate,) Imperfect development of Heart & Lungs,

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, February 13th 1875

{ *Undertaker,* Chas. W. Herold
{ *Place of Business,* 161 Hanover St.

C. H. Davis M. D.
Medical Attendant.

Address 535 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 922,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Thursday Febry. 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Blanche Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* eighteen *Days.*

Color, — White — *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 163. W Lombard Street

Cause of Death, {First (Primary,) / Second (Immediate.)} Idiopathic phlegmonous Erysipelas.

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, Feb 12 1875

Undertaker, Wm Donovan

Place of Business, 6 Bank St.

Sylvester M. D.
Medical Attendant
Resident Physician

Address Md Lying in Asylum
of the College of Phys & Surgs

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 923,

HEALTH DEPARTMENT FEB 12 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 12th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Seay Jr.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* 11 1 *Months,* *Days.*

Color, White. *Sex,* Male

Married, ~~Single,~~ ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 49 Myrtle Avenue

Cause of Death, {First (Primary,) Phthisis Pulmonalis.
{Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cemetery J. H. C. Cassidy. M. D.

Date of Burial, Sunday Feb 14 Medical Attendant.

Undertaker, McCourt-Bro *Address* 383 Franklin St.

Place of Business, 131 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 924.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Chambers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, About One year

Place of Death, {Give street and number.} 698 W. Lombard Street

Cause of Death, First (Primary,) Phthisis

Second (Immediate.)

Duration of Last Sickness, about 11 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County *J. E. Mullikin* *M. D.*

Medical Attendant.

Date of Burial, Feb 14

Undertaker, J. P. Coale

Place of Business, No 707 N. Baltimore St *Address* 824 N. Front St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 925,

HEALTH DEPARTMENT
FEB
1875
BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Henry Byrne

Sex, Male or ~~Female~~, {Cross out the ward not required in this line.} Male

Age, About 58 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Bookkeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia Pa

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N 189 Argyle St

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Feb 14 3 O'Clock P.M.

F. H. Hustead M. D.
Medical Attendant.

Undertaker, George C. Rodeman

Place of Business, 38 Eutaw St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 926,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death, if called, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Leonard Watkins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Two *Years,* " *Months,* " *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Boston Mass.

Duration of Residence in the City of Baltimore, about five months

Place of Death, {Give street and number.} No 2 Mulberry St Balto Md

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, about six months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 14th

J. H. Patterson M. D.
Medical Attendant.

{*Undertaker,* Wm Hughes

{*Place of Business,* East Balto St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 927

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Boch Zella Barbara

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, _____ *Years,* _____ *Months,* 2 Hours *Days.*

Color, white *Sex,* Male

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.} Infant

Occupation, _____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, _____

Place of Death, {Give street and number.} No 1218 N. Register st.

Cause of Death, {First (Primary,) Mos Child / Second (Immediate.) Miscarried - Premature

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Alfreds Cemetery

Date of Burial, 13 Feby 1875

Undertaker, W. Tipple

Place of Business, E. Bond St. Balto.

Mrs E Bachman Midwife M. D.
Medical Attendant.

Address 120 Bond St

Balto. 151

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 928,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gustav Stegner

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 49 *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widower~~

Occupation, Teacher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bockstadt, Sachs Meininger

Duration of Residence in the City of Baltimore, Eleven years

Place of Death, {Give street and number.} 144 N. Bond St

Cause of Death, First (Primary,) Bathing when Over-heated

Second (Immediate.) Dropsy of the heart

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetery Hartford Road

Date of Burial, Feby 14th 1875

W. Manns Benzinger M. D.
Medical Attendant.

Undertaker, Geo. Heck

Place of Business, 24. S. Eden St *Address* 258, N. Amund St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 929.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 10th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 14 *Months,* ____ *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 34 Hare Street;

Cause of Death, First (Primary,) ____ Second (Immediate,) Scarlet Fever

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, M E Ch'd (Loud) *Date of Burial,* Feb 13th 1875

J. K. Martin M. D.
Medical Attendant.

Undertaker, Conway

Place of Business, 54 N Broadway *Address* Canton, Baltimore Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 930

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Sunk

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* 12 *Days.*

Color, white *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

~~*Duration of Residence in the City of Baltimore,*~~

Place of Death, {Give street and number.} Russel. St. No 62

Cause of Death, {First (Primary,) Spasm / Second (Immediate.)

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, ~~Lynchburg~~ Greenhill Park

Date of Burial, February 14th

Undertaker, Frederick Burke

Place of Business, Gay street 425

Adolph Boehm, M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 931

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 13 1875 BALTIMORE

Date of Death, Feby 12 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Griffith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Gardner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, About 20 years

Place of Death, {Give street and number.} St Josephs Hospital

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthenia

Duration of Last Sickness, Some years

All the above information should be furnished by the Physician.

Place of Burial, Valley Cross

Date of Burial, Feby 15. 1875

Undertaker, Murdock

Place of Business, Calvert St

Oscar J. Cottery M. D.
Medical Attendant.

Address St Josephs Hosp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 932

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 12th "

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} H. L. Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* *15 Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 10 S. Wolfe St.

Cause of Death, First (Primary,) Anasarca.

Second (Immediate,) Convulsions

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 13th 1875

Undertaker, Armistead Sons

Place of Business, 763 Fleet St

G. Glanville Rusk M. D.
Medical Attendant.

Address Balt & Washington Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 932

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 5th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary R. Skinner

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* 7 *Months,* _____ *Days.*

Color, White *Sex,* Female

Married, ~~Single Widow Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert Co. Md

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 309 Williams st

Cause of Death, {First (Primary,) Pneumonia; Second (Immediate,) Apoplexy

Duration of Last Sickness, 8 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Theodore Porter M. D.

Date of Burial, Feb 13th 1875 Medical Attendant.

Undertaker, Armstrong & Lemmy

Place of Business, 263 Light st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 924

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 12 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane Mitchell

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, Years, — 3 Months, — 23 — Days.

Color, White *Sex.*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 233 Williams

Cause of Death, {First (Primary,) Whooping Cough

Second (Immediate,)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, July 14 1875

James A Stewart M. D.

~~Medical Attendant.~~

Undertaker, Armstrong & Sons

Place of Business, 363 Light St. *Address*

Comp Sta & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 935.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant John Frost Sarah Frost

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 4 *Days.*

Color, Black *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 246 S. Eutaw Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Hemorrhage of Lungs

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, W. Potters field

Date of Burial, Feb 13th 1875

Undertaker, M. H. C. Perry

Place of Business, 448 W. Pratt St *Address*

James H. Stewart *M. D.*
Medical Attendant.
Comptr & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 936. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Calhoun & Alberta Calhoun

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 6 *Days.*

Color, Black *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 164 Park Ann St

Cause of Death, First (Primary,) Spasms

Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, W. Potters field

Date of Burial, Feb 13 1875

Undertaker, M. C. H Perry

Place of Business, 448 W Pratt St

Jams F Steuart M. D.

~~Medical Attendant.~~

Camp N. Hagerstown *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 937

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie Curtain

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 10 years —

Place of Death, {Give street and number.} 220 Germain St

Cause of Death, {First (Primary,) Puerperal Metritis

{Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Saturday the 13th

{*Undertaker,* J. B. Blackistonson

{*Place of Business,* 606 west Baltimore St Peters

Edwd. F. Mechlean M. D.
Medical Attendant.

Address 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 938,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Werner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* — *Days.*

Color, White *Sex,* female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, D

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give street and number.} 199 Eastern Avenue

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Meningitis

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Weston Cemetery

Date of Burial, Feb. 14th 1875

Undertaker, Frodk. H. Foulk

Place of Business, 90 S. Howard St. *Address* 102 S. Bond St.

Geier M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 939.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Bracken

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 9 *Years,* 6 *Months,* *Days.*

Color, Colored *Sex,* Female

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} M

Occupation, Rating coffee rags

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, 6yr

Place of Death, {Give street and number.} 13 S Gardens

Cause of Death, {First (Primary,) Erysipelas / Second (Immediate,)}

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, ~~Dutch's Lot~~ East Baltimore Lot 6

Date of Burial, February 13

Undertaker, Wm Donovan

Place of Business, No 6 Banks *Address* 13 E Pratt st

Wm S Kinnamon *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9410.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT FEB 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 13 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia A Wiley

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 48 *Years,* ~~48~~ *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard Co Md.

Duration of Residence in the City of Baltimore, 16 yrs

Place of Death, {Give street and number.} 197 Lee st

Cause of Death, {First (Primary,) Paralysis

{Second (Immediate,)

Duration of Last Sickness, Four year

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery H. N. Webster M. D.

Date of Burial, Feb. 15th 1875. Medical Attendant.

Undertaker, Fiedk. R. Foll

Place of Business, 90. E. Lanvale *Address* 57 Barrett

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 941,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 12th 1875

~~*Full Name of Deceased,*~~ { Write legibly and spell correctly. If an infant not named, give names of parents. } Christiana Troupe

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. } female

~~*Age,*~~ ~~*Years,*~~ ~~*Months,*~~ 10 mos ~~*Days.*~~

Color, white *Sex,* female

~~*Married, Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country (and how long in the United States, if of foreign birth. } No 16. Stiles St.

~~*Duration of Residence in the City of Baltimore,*~~

Place of Death, { Give street and number. } No 16. Stiles St.

Cause of Death, { First (Primary,) Prolapsus of cord; child died soon Second (Immediate,) after delivery

~~*Duration of Last Sickness,*~~

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetry

Date of Burial, Feb 13th 1875

Pierre G. Dausch M. D.
Medical Attendant.

{ *Undertaker,* Henry H. Mears
{ *Place of Business,* 64 N Gay St *Address* 27 S. Broadway,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 912, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin Manois

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.} M.

Occupation, Laborer

Birthplace, {State or country (and how long to the United States, if of foreign birth.} Ireland Galway Co.

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, {Give street and number.} No. 195 Ramsay Street

Cause of Death, {First (Primary,) Old age & dementia

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Febr 14

{Undertaker, J B Corbin

{Place of Business, 707 W. Balto Address

Chas. W. Neff M. D.
Medical Attendant.

No. 306 N Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 913. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucinda Tolles

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, 46 *Years,* — *Months,* *Days.*

Color, Mulatto *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Washer & Ironer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} At Known

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number.} China Street Nr Aisquith

Cause of Death, First (Primary,) Dropsy

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 15 1875

Undertaker, Wm H Davis

Place of Business, 17 Saratoga St

D Mackall M. D.
Medical Attendant.

Address 321 Mc Elderry Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 9464

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caleb Jackson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 16 *Days.*

Color, Black *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 213 S. Howard Street

Cause of Death, First (Primary,) —

Second (Immediate,) Insanitone

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Feb 14th 1875

Undertaker, S. W. Chase

Place of Business, S. Howard St *Address*

John A. Steuart M. D.
~~Medical Attendant.~~
Cor. N. & Augusta

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 945.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Taylor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Two *Years,* 8 *Months,* *Days.*

Color, white *Sex,* male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Wholy Life

Place of Death, {Give street and number.} Balto Orphan Asylum Stricker St

Cause of Death, First (Primary,) Parotitis

Second (Immediate,) Double Pneumonia

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, 14 February

Undertaker, N W. Jenkins & Son

Place of Business, 16 Light St Balto

Thomas Opie M. D.
Medical Attendant.

Address 396 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 946.

HEALTH DEPARTMENT
FEB 15
1875
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 12th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella Henry Nicholas

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore. From birth

Place of Death, {Give street and number.} 12 Baker St.

Cause of Death, First (Primary,) Menins, Temporal Bone

Second (Immediate,) Omnibus

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary J. J. Keller. M. D.

Date of Burial, Sunday Feb 14th 1875 Medical Attendant.

Undertaker, Andrew Leck

Place of Business, 118 Dund Hill Ave Address 89 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 947

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *when properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Gibson

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Washer woman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 62 Little Pleasant Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem *Edmund A Stewart* M. D.

Date of Burial, Feb 13th 1875 Medical Attendant

Undertaker, Wm J. Gray *Comp'tr & Registrar*

Place of Business, 45 Mulberry St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 948.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Feby. 12, 1875.

Date of Death,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Slight

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 3 Years, 7 Days.

Color, Colored Sex,

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, three years

Place of Death, {Give street and number.} No. 23 N. Calvert St.

Cause of Death, {First (Primary,) Acute Gastritis

Second (Immediate,) Convulsions

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Alexander Hill M. D.

Medical Attendant.

Date of Burial, Feb 14

{Undertaker, James H Davis Address No. 23 N. Calvert St.

{Place of Business, No 12 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 13 1875

Permit No. 9491

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 13th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Hadding

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years~~ 9 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 155 Fremont Street

Cause of Death, { First (Primary,) Capilary Bronchitis
Second (Immediate.) Pneumonia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, 14th Feb 1875

D. C. Atkinson M. D.
Medical Attendant.

Undertaker, D. S. Doane

Place of Business, 568 West Balto St *Address* 146 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 950

HEALTH DEPARTMENT FEB 13 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Martha S. Robinson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, about 76 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co. Md.

Duration of Residence in the City of Baltimore, Seven Years.

Place of Death, {Give street and number.} 540½ W. Fayette St.

Cause of Death, First (Primary,) Cerebritis

Second (Immediate,) Compression of Brain occasioned by rupture of a Cranial Artery Resulting from a fall upon the ice.

Duration of Last Sickness, Sick several years Confined to her bed 15 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Feby 14th 1875

Undertaker, Chas. A. Souder

Place of Business, No 520 Balto st *Address*

Jno. F. Powell M. D.
Medical Attendant.

72 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 951.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Monroe

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years* 2 *Months,* *Days.*

Color, Black *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 11 Months

Place of Death, {Give street and number.} 9 Penn Av

Cause of Death, First (Primary,) Capillary Bronchitis

Second (Immediate.) Pulmonary Collapse

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 14 1875

Undertaker, John C Gordon

Place of Business, 170 63 Park Av Address 143 Mulberry

H Darby M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 1875 BALTIMORE

Permit No. 952

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 12. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Bennet

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 28 years *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co. Md.

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 108 Aiken Alley

Cause of Death, { First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, About two months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon County

Date of Burial, Feby 14 1875

{ *Undertaker,* Noble Gordon

{ *Place of Business,* 63 Market

J H Wilson M. D.

Medical Attendant.

Address 251 Mad. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 953,

HEALTH DEPARTMENT FEB 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febuary 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John A. Boyler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 4 Months, 17 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 111 Amistad Lane

Cause of Death, {First (Primary,) / Second (Immediate,)} Catark fever

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Febuary 14th

{*Undertaker,* Wm Stockhausen / *Place of Business,* 3113 Light St

S. C. Buck M. D.
Medical Attendant.

Address 141 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 954

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 12th February 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alfred Taylor

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 7 *Months,* ____ *Days.*

Color, Black *Sex,* ____

~~*Married,*~~ *Single,* ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 7 months

Place of Death, {Give street and number.} No 33 N Spring st

Cause of Death, First (Primary,) Bronchio Pneumonia

Second (Immediate,) ( )

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 14th 1875

Undertaker, William A. Lange

Place of Business, No 104 East st.

Wm. L. Russell M. D.
Medical Attendant.

Address 1 Broadway & Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT FEB 1 BALTIMORE

Permit No. 955,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 12 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Gilcrist

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, workman in Brewery

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} Exonbury St (Clay & Brewery)

Cause of Death, {First (Primary,) Chronic Bronchitis, Second (Immediate,) Pneumonia

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Feb 14th 1875

Chas O'Donovan M. D.
Medical Attendant.

{*Undertaker,* Jacob Weaver
{*Place of Business,* ~~Slaughter Brewery~~ *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 954

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Hopkins

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Three *Years,* Four *Months,* Twenty Seven *Days.*

Color, Col *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Accomack Co Virginia

Duration of Residence in the City of Baltimore, Three years

Place of Death, {Give street and number.} Forest st No 14

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 14th 1875

Undertaker, H. A. Dunger

Place of Business, no 164 East St.

E. C. Baldwin M. D.
Medical Attendant.

Address 124 n Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 957.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 12

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Mather

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 45 *Years,* *Months,* *Days.*

Color, Colored *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Stevedore

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} Cor Pratt & Frederick St

Cause of Death, First (Primary,) Intemperance

Second (Immediate.) Heart disease probably

Duration of Last Sickness, 2 days death

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, Feb. 14. 1875

Edmund Booth M. D.
Medical Attendant.

Undertaker, C. W. Chase

Place of Business, 161 & 163 W. Pratt St
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 958. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 13th Febuary

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Single

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~2 years~~ *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Madeira Alley

Cause of Death, {First (Primary,) Scarlet Fever

{Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmell Cimetery

Date of Burial, February 15th 1875

{*Undertaker,* H. M. Gilmyer

{*Place of Business.* 341 Eastern Ave.

~~H. F. Erich~~

H. F. Erich M. D.

By Mrs. Erich Medical Attendant.

Address 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 959

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 13th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} M. Gracie. Gertrudamarie

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* 13 *Days.*

Color, White *Sex,* Female

Married, Single, Widow & Widower, {Cross out the words not required in this line.}

Occupation, ~~Baltimore~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~257~~ Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 257 North Bond St

Cause of Death, {First (Primary,) / Second (Immediate,) Membranous Croup

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 15th/75

Jno. Brooke Boyle M. D.
Medical Attendant.

{*Undertaker,* Geo. Schilling
{*Place of Business,* 212 E. Monument St
N. W. cor. Wiegand St

Address 174 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

960

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 960

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretta Hickman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Schlitz Hesse Darmstadt Prussia fifteen years

Duration of Residence in the City of Baltimore, Fifteen years

Place of Death, {Give street and number.} Baltimore No 210 West Fayette Street

Cause of Death, First (Primary,) Deficient brain circulation

Second (Immediate,) Paralysis

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, Feb 15th 1875

Undertaker, John Schultheis

Place of Business, 159½ Mulberry St

W H Starr M. D.
Medical Attendant.

Address No 16 N Liberty Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 961.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Frank

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 82. *Years,* 2 *Months,* 17. *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 27 Nov. Pennsylvania

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 131 Frederick St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Exhaustion

Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents R.C.

Date of Burial, Feby 15 1875

D Webster Cattell M. D.
Medical Attendant.

Undertaker, H. Schultheis

Place of Business, 261 E Monument Address ~~&~~ Nr Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 962.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13th February 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Johann Rau

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, Months, 2 ~~Years~~ Days

Color, white *Sex,* Male

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Canton Ave. Madeira Alley 219.

Duration of Residence in the City of Baltimore, 2½ Yrs.

Place of Death, { Give street and number. } Canton Ave. Madeira Alley No 219

Cause of Death, { First (Primary,) } { Second (Immediate,) } Spasms

Duration of Last Sickness, 2½ ~~Years~~ hrs.

All the above information should be furnished by the Physician.

Place of Burial, H. of Friends Lauer

Date of Burial, Feb. 4/75. 2 P.M.

Undertaker, John Brand

Place of Business, 211 Wolfe St

Dr. F. Luckeen M. D.
Medical Attendant.

Address Wolfe bet Canton & Eastern

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 963. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 13th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lotta Jones

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years.~~ 9 *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 159 N. Fremont St.

Cause of Death, {First (Primary,) Diptheria

{Second (Immediate,)

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Jany. 15th 1875

Undertaker, Chas. A. Power

Place of Business, Nr 520 W. Balto

J. H. C. Cadle, M. D.
Medical Attendant.

Address 363 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 964

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 13th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Louisa Muldoon

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 11 *Months,* 14 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 3 Constitution St

Cause of Death, {First (Primary,) Acute Cerebro Spinal Meningitis
Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Cath. Cathedral Cem. *Philip C. Williams* M. D.
Medical Attendant.

Date of Burial, Feb 15th

Undertaker, John I Rodenmayer *Address* 201 Madison Ave

Place of Business, 101 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 965,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death shall have occurred, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sunday Feb 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lippman Rose

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 62 *Years,* 10 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} 18 Hampstead St

Cause of Death, {First (Primary,) / Second (Immediate,)} Heart Disease

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, Balto. Hebrew Cemetery

Date of Burial, February 16th 1875

Undertaker, Jacob Siegel

Place of Business, 99 Harrison St. *Address* Baltimore & Eden Sts

G. E. Fooks M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 966,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 14th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} George W. Schultz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~3 Years~~ Years, Months, 7 Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} 236 Hollins St —

Cause of Death, {First (Primary,) / Second (Immediate.)} Diphtheria, Croup

Duration of Last Sickness, About 15 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 15

Undertaker, H. B. Crook

Place of Business, No 707 Addr Baltimore Address

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

967

Permit No. 967.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, when properly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb'y 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet J. Kuhn

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Accomac Co. Virginia

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} 355 S. Sharp St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Cancer of Womb

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, February 17th 1875

Undertaker, Julius Koehler

Place of Business, Cor Sharp & Cross. sts. Address Hanover & Barre sts

R. G. Lee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 968,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Barton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days.*

Color, African *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 111 Chesnut St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Asthenia

Duration of Last Sickness, 3 wks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 15th 1875

Undertaker, William A. Bunce

Place of Business, no 104 East st

H. T. Reynolds M. D.

Medical Attendant.

Address 186 Aisquith st,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 969

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death [illegible], or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} .....

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ... *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} .....

Cause of Death, { First (Primary,) ..... Second (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mt. Cathedral Cemetery

Date of Burial, Feb 15th 1875

{ *Undertaker,* William N. Dunn
{ *Place of Business,* No 104. East St *Address*

..... M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 970

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 13

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Greene

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 85 *Years,* —— *Months,* —— *Days.*

Color, Colored *Sex,* Female

Married, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.} widow

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland (Eastern shore)

Duration of Residence in the City of Baltimore, 49 years

Place of Death, {Give street and number.} 92 Chesnut St

Cause of Death, {First (Primary,) DS age.
Second (Immediate,) Sudden death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 16th 1875

Undertaker, William A. Lingle

Place of Business, 14 & 16 East St

Edmund Walker M. D.
Medical Attendant.
Coroner 3d District

Address 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 971

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Fricker

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* Eleven *Months,* Twenty five *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Spring North of John (house no number)

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Diarhea

Duration of Last Sickness, One week

All the above Information should be furnished by the Physician.

Place of Burial, Bal Cemetery

Date of Burial, Feb 15th 1875

Undertaker, Wm H Fickman

Place of Business, 234 N Gay st

E. C. Baldwin M. D.
Medical Attendant.

Address 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 992

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febmary 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Olivia Gebhart

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 10 *Years,* 11 *Months,* 9 *Days.*

Color, *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Her life

Place of Death, {Give street and number.} No. 138 E. Madeira St. Baltimore. Md

Cause of Death, First (Primary,) Phthisis pneumonalis

Second (Immediate.) do

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb. 17th 75

John Morris M. D.
Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, No 212 E. Monument *Address*
N. E. cor. Fitzpatrick St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9731

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Saturday Feby 13. 75. 12 Oclock M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mario Jackson

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 69 *Years,* 2. *Months,* 1. *Days.*

Color, Black *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower.*~~ { Cross out the words not required in this line. }

Occupation, Washerwoman

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 2.

Duration of Residence in the City of Baltimore, 2.

Place of Death, { Give street and number. } 6 Welch al. S. of Lexington al

Cause of Death, { First (Primary,) Perhaps by Hemorrhage into brain
Second (Immediate,) Causing Paralysis

Duration of Last Sickness, about 10 minutes — Dead when Jarrived.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 15th 1875

Undertaker, William H. Dorsey

Place of Business, No 104 East St.

Laurd M Eastman M. D.
Medical Attendant.

Address 649 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 974

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily Tiglman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, ~~ed~~

Sex, Female

Married, ~~Single, Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Easton Maryland

Duration of Residence in the City of Baltimore, Thirty year

Place of Death, {Give street and number.} Chesnut 115

Cause of Death, {First (Primary,) Epilepsy / Second (Immediate.)

Duration of Last Sickness, Fifteen Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 16th 1875

Undertaker, William A. Sunyce

Place of Business, nw 104 East 11

E. C. Baldwin M. D.
Medical Attendant.

Address 124 n Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 975

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 14

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Sweeney

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 65 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and number.} 327 Saratoga St

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb 16 1875

Undertaker, James P Byrne

Place of Business, 1163 W Fayette St

Jr P. Morgan, M. D.
Medical Attendant.

Address 175 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 976 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilmer Gallagher

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, ~~Years,~~ 2 Weeks ~~Months,~~ ~~Days.~~

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 77 N High St

Cause of Death, {First (Primary,) Erysipelas
Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery *Attended* M. Diffenderffer *M. D.*
Medical Attendant.

Date of Burial, Feb 15 1875

Undertaker, James O Byrne

Place of Business, *Address* No 1 High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9770

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alvenda Robinson

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} ...

Age, ... *Years,* 2 *Months,* 7 *Days.*

Color, Black *Sex,* Femak

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Locust Point Baltimore city

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give street and number.} Locust Point

Cause of Death, {First (Primary,) Chronic Croup

{Second (Immediate,) marasmus

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Burial Ground

Date of Burial, Feb 15th 1875

{*Undertaker,* Theodore Locks

{*Place of Business,* 64 E. Wolfert

E. W. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 978

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 14th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno. P. Burger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 1 Months, 28 Days.

Color, White *Sex,* Male

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 296 Alice Ann St.,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 296 Alice Ann St.

Cause of Death, {First (Primary,) Second (Immediate,) Convulsions

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Feb 15th

Undertaker, George Heck

Place of Business, N. 24 S. Edwd St

Wm. Kelly M. D.
Medical Attendant.

Address Fawn & Exeter Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 979.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 11. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Eva Mann

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 73 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 Years.

Place of Death, {Give street and number.} 65 Gough St.

Cause of Death, {First (Primary,) Paralysis. Second (Immediate,)

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Woodberry Cemetery.

Date of Burial, 15th of February. Nicholas L. Dubois M. D.

Medical Attendant.

Undertaker, Rendelin Lippel 151 South Bond street.

Place of Business, 151 South Bond St. *Address* 217 E. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 980

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nicholas [illegible]

Sex, Male or Female, {Cross out the word not required in this line.} Norman

Age, 68 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kronach Bavaria — 26 years

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 147 Register st South

Cause of Death, First (Primary.)

Second (Immediate.) Overdose opium, accidental

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, February 16th

F. A. McNamara M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, 426 Druid Hill Ave *Address* N.E. Cor. Broadway & Fleet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 981.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 13 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Franklin Small.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 8 *Years,* 7 *Months,* 11 *Days.*

Color, Black *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Marys Co. Md.

Duration of Residence in the City of Baltimore, 12 Mos.

Place of Death, {Give street and number.} 146 Dallas Street.

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Eastpattersfield James A Stuart *M. D.*

Date of Burial, Feby 15. 1875 Medical Attendant.

Undertaker, Wm Donovan Coroner for Report

Place of Business, 6 Frank St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 982

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 14th between 3 and 4 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fannie Smith child at 8 mos

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 8 Months. Days.

Color, "Brown Skin" *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 38 Davis St Balt City

Duration of Residence in the City of Baltimore, 8 mos

Place of Death, {Give street and number.} 38 Davis St

Cause of Death, First (Primary,) Capillary Bronchitis

Second (Immediate,) Apnoea

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 15th /75

Undertaker, Nash & Fr

Place of Business, 45 Franklin St

N. G. Keirle M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 983. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Evans

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 29 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wales England

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 28 Clinton St. Canton

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, February 15th 1875

James E. Donnelly M. D.
Medical Attendant.

{*Undertaker,* Hughes & Co

{*Place of Business,* 658 Broadway *Address* 299 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 984.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Hossbach

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 44 *Years,* 2 *Months,* 17 *Days.*

Color, White

~~Sex,~~

~~Married, Single,~~ *Widow* ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 287 S. Sharp St.

Cause of Death, {First (Primary,) Consumption
Second (Immediate,)

Duration of Last Sickness, Seven Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, 16th Feb.

{*Undertaker,* P. F. Dill
Place of Business, Columbia St. 183.

R. C. Lee M. D.
Medical Attendant.

Address Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 985

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 15th 1875

~~*Full Name of Deceased,*~~ { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles & Mary M Imlers Infant

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, ____ *Years,* *Months,* two *Days.*

Color, White *Sex,* female

~~*Married, Single,*~~ *Widow or Widower,* { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 3 N Frederick

Cause of Death, { First (Primary,) Feeble from time of Birth
Second (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, Feb 17th 1875

{ *Undertaker,* Henry W Mears
{ *Place of Business,* 64 N Gay St

D Webster Cattell M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 986.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Margaret Imler

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* 7 *Months,* 11 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life long

Place of Death, {Give street and number.} 3 N. Frederick St

Cause of Death, First (Primary,) Difficult Labor (Child birth)

Second (Immediate,) Exhaustion after delivery

Duration of Last Sickness, 48 Hours

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, Feb 17th 1875

Undertaker, Henry W. Mears

Place of Business, 64 N. Gay St

D Webster Bethell M. D.

Medical Attendant.

Address 1 S Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 987

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Sadler

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* about *Months,* *Days.*

Color, Colored *Sex,* Female

~~*Married,* *Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prince Georges Co Md

Duration of Residence in the City of Baltimore, 35 years.

Place of Death, {Give street and number.} No 18 Cider alley

Cause of Death, First (Primary,) Chronic Rheumatism, mitral disease of heart

Second (Immediate,) apparently Paralysis

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Feb 16th 1875

Undertaker, Wm T Geo

Place of Business, 63 Mulb, st

M. McGowan M. D.

Medical Attendant.

Address 23 S. Eutaw st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9881

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE

Date of Death, Feby. 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Elizabeth Trefoy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 Years, 6 Months,

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Leipsic Germany

Duration of Residence in the City of Baltimore, Two years

Place of Death, {Give street and number.} 62 N. Eutaw St.

Cause of Death, {First (Primary,)} Dropsy from

{Second (Immediate.)} Scarlet-fever

Duration of Last Sickness, Thirty days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, 15 February

Undertaker, C. Wiegand

Place of Business, 53 Druid Hill Ave

Days.
In justice to myself, I state that I did not see this child until 8 hours before her death. She had been under the care of Dr. Pape, Sr. 55 N. Eutaw St. Both children were dying when I saw them.

Louis W. Knight M. D.
Medical Attendant.

Address 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 989.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 14th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Melanie Eugenie Tregor.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Leipsic Germanny

Duration of Residence in the City of Baltimore, Two years

Place of Death, {Give street and number.} 62 N. Eutaw St.

Cause of Death, {First (Primary,) Dropsy from Scarlet fever

Second (Immediate.)

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

In justice to myself, I state that I did not see this child until 7 hours before her death, She had been under the care of Dr. Pape, 55 N. Eutaw St. Both children were dying when I saw them

Place of Burial, Western Cemetary

Date of Burial, 15 February

Undertaker, C. Wiegand

Place of Business, 53 Druid Hill Ave

Louis W. Knight M. D.

Medical Attendant.

Address 112 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 990.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~February~~ 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Mc Phillips.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 63 *Years,* — *Months,* 4. *Days.*

Color, *Sex,* Fem.

~~*Married, Single,*~~ *Widow* ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, about 33 years.

Place of Death, {Give street and number.} 9 Russell St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis Pulmonalis,

Duration of Last Sickness, twelve months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem

Date of Burial, January 11th 1875

Undertaker, Jas Byrnes

Place of Business, Liberty St.

R. J. H. Tall M. D.
Medical Attendant.

Address 158 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 991. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 13,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary J. Butler

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} ....

Age, *Years,* 2 *Months,* 1, *Days.*

Color, Black, *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Md.

Duration of Residence in the City of Baltimore, 2 months 1 day

Place of Death, {Give street and number.} 81 Marshall St

Cause of Death, First (Primary,)

Second (Immediate,) Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 16. 1875

Richard Gatch M. D.
Medical Attendant.

Undertaker, S M Chase

Place of Business No 198 S Howard St *Address* 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the
of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to f
within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Co
setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of th
deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 992

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 14th February 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mariah Johnson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, One *Years,* 2 *Months,* *Days.*

Color, Black *Sex,*

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, One year & 2 months

Place of Death, {Give street and number.} No 273 Orleans st

Cause of Death, {First (Primary,) Acute Bronchitis / Second (Immediate,) Pneumonia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Dolby st Burial ground

Date of Burial, Feb 15th 1875

Wm. L. Purnell M. D.
Medical Attendant.

Undertaker, Wm. C. L. Deringer

Place of Business, No 104 East St, *Address* Broadway & Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 16 1875 BALTIMORE

Permit No. 993.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *when filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 15th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jerry Dee

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Co. Kerry Ireland

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, {Give street and number.} Monument St. near the Mine Bank Lane

Cause of Death, {First (Primary,) 108 Castle St.

{Second (Immediate,) Crushed to death by the caving in of Mine bank

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 16 1875

{*Undertaker,* James P Byrne

{*Place of Business,* No 63 N Front St *Address* Fawn & Exeter

Wm Kelly M. D.
Medical Attendant.
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 9914

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 16 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 15th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margt Ann. McCauley

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, *Widow* or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Seamstress.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County.

Duration of Residence in the City of Baltimore, Twenty-five years.

Place of Death, {Give street and number.} Oak St. near Federal.

Cause of Death, First (Primary,) Carbuncle

Second (Immediate,) Syncope.

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb. 16th 1875

Undertaker, Chas. J. Scrimm

Place of Business, 271 N. Eutaw St *Address* No. 131 N. Biddle St.

J. K. Merrick *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 995.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT FEB 16 1875 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Anna Watts

Sex, ~~Male~~ *Female,* { Cross out the word not required in this line. }

Age, 1 *Years,* 6 *Months,* ——— *Days.*

Color, Colored *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 57 N. Dallas Street

Cause of Death, { First (Primary,) Whooping Cough
Second (Immediate,) }

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 16 1875

{ *Undertaker,* W. N. Dungee
Place of Business, }

James L. Kemp M. D.
Medical Attendant.

Camp St. & Fayette
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

996

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 996,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death, or such previous or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT FEB 16 1875 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 14th of February 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christina Mengel

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* 1 *Days.*

Color, White *Sex,*

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 140 S. Wolfe

Cause of Death, First (Primary,) Hydrop

Second (Immediate,) Scarlatina

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, 16th Feb

Undertaker, Geo Frochlich *Address* 145 S. Baltimore

Place of Business, 334 Canton ave

J Thilien M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 997.

HEALTH DEPARTMENT FEB 18 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 13, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elisabeth Herbert

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White *Sex,* ~~Male~~ Female

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Co.

Duration of Residence in the City of Baltimore, Since 1849

Place of Death, {Give street and number.} 281 N. Eutaw St

Cause of Death, First (Primary,) Pneumonitis

Second (Immediate,)

Duration of Last Sickness, Eleven days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb'y 15 1875

Undertaker, Chas I Seiss

Place of Business, 281 N Eutaw St *Address*

J. H. F. Hank M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 998.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~properly filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie M. Baker

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ~~*Years,*~~ Four *Months,* twenty Six *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S. Biddle near Washington

Cause of Death, First (Primary,) Cyanosis

Second (Immediate,) Convulsions. Pneumonitis,

Duration of Last Sickness, Primary Shortly after birth. Sec. Seven days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery. *W. W. White,* M. D.

Medical Attendant.

Date of Burial, February 16th 1875.

Undertaker, Wm. H. Hickman. *Address* No. 350 N. Broadway

Place of Business, 234 E. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 999.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death or said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. & Matilda Benson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 3 *Days.*

Color, Black *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 11 Leaden Hall st

Cause of Death, {First (Primary,) / Second (Immediate,)} Bleeding Navel

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field

Date of Burial, Feb 16th 1875

Undertaker, M. H. C. Perry

Place of Business, 448 W Pratt *Address*

Ernst Sloman, M. D.
Medical Attendant.

Cond. M. & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1000

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb'y 15 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Judith Boone

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 92 *Years,* — *Months,* — *Days.*

Color, Colored *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt° Co. Md.

Duration of Residence in the City of Baltimore, Forty Years

Place of Death, {Give street and number.} 63 Hollins St. Balt°.

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) Softening of Brain

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Hookstown Balt Co.

Date of Burial, Feb 16th 75

Undertaker, Jos. Loane

Place of Business, 68 West Balto St

J. C. Wilson M. D.

Medical Attendant.

Address 281 Mad Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1001,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 17th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Sophia Murray

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* Three (3) *Months,* Eight (8) *Days.*

Color, Mulatto *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 13 Mulliken St

Cause of Death, { First (Primary,) Acute Bronchial Catarrh

Second (Immediate,)

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 16.

Undertaker, John W. Lake

Place of Business, 65 S. Wolf st

Whitfield Winn *M. D.*
Medical Attendant.

Address 116 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
FEB
16
1873
BALTIMORE

Permit No. 11021

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Peet

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years*, 3 *Months*, *Days.*

Color, White *Sex*,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 1 Spruce Alley

Cause of Death, {First (Primary,) Abscess

{Second (Immediate.) Lung

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks *M. D.*

Date of Burial, Feb 16th 2 P.M. 73 *Medical Attendant.*

Undertaker, John Brain *Address* 211 Bank St.

Place of Business, 99 S. North St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1003,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Thomas Martin Schultz.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 8 *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 332 Canton Ave

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlet Fever

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St Athanasius

Date of Burial, Feb 13th 1875

Undertaker, John Braun

Place of Business, 773 S. Wolf St

James A Steuart M. D.
Medical Attendant.

Canton & Eastern
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10014

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~James~~. Doughty

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Police Officin

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 73 Holland St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Feb 17th 75

Undertaker, [illegible]

Place of Business, 54 N Broadway *Address*

D Webster Cathell *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1005 (1005)

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *when properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Lee

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 68 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Superviser of Steel for B. O. R. Road

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 36 Years

Place of Death, {Give street and number.} 408 W. Lombard or

Cause of Death, {First (Primary,) Second (Immediate.)} Cancer on left side of Lower Jaw 18 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Geo. H. Benson M. D.
Medical Attendant.

Date of Burial, Feb 17 — —

Undertaker, J. B. Blackistone son Address 44 Hanover st

Place of Business, west Baltimore 606 ——— City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 1006

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1006.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 15.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Geo. Barr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 Years, 4 Months, 3 Days. 15

Color, White. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} United States. Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 7 South Howard Street.

Cause of Death, {First (Primary,) Scarlet Fever.
Second (Immediate,)

Duration of Last Sickness, Scarlet Fever.

All the above information should be furnished by the Physician.

Place of Burial, S. Alphonsis Cemetery

Date of Burial, February 17th

Undertaker, Wendle Dippel

Place of Business, 151 S Bond St. *Address*

Martin Fitz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it ... of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under ... within forty-eight hours after the death, to the Undertaker or other person or persons superintending ... setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether marri... deceased, and the cause and date of death, except in cases of births and deaths of illegitimate childr...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1007

HEALTH DEPARTMENT 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 16th 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Allen

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 52 *Years,* *Months,* *Days.*

Color, White *Sex.* Male

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } Married

Occupation, No occupation on account of Sickness

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore. 52 Years

Place of Death, { Give street and number. } 111 Pierce St.

Cause of Death, { First (Primary.) Apoplexy — { Supposed suddenly on 2nd day before death. } Second (Immediate.)

Duration of Last Sickness, One hour —

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Thursday 18th Feb 1875

J. H. C. Cindy M. D.
Medical Attendant.

{ *Undertaker,* Andrew Lutz *Address* 513 Franklin St.
{ *Place of Business,* 118 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1008,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Bragi

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, about 16 *Years,* *Months,* *Days.*

Color, Colored *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County Howard

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} Balt Both. 22 No 2

Cause of Death, First (Primary,) Scrofula.

Second (Immediate,) Gangrene Lung

Duration of Last Sickness, Two or three days

All the above information should be furnished by the Physician.

Place of Burial, Shaws St. Cemetery

Date of Burial, Feb 16th, 1875

Undertaker, Feeney

Place of Business,

M Hammond M. D.
Medical Attendant.

One Dollar & per Minute after the died

Address 53 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of this Certificate.

1009

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT 1875 BALTIMORE.

Permit No. 1009.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 15th February

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Otto

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One year *Years,* eight *Months.* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 134 Barre st.

Cause of Death, First (Primary,) Whooping cough

Second (Immediate.) Spasm Glottis supervs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Dr. L. C. Hunt M. D.

Medical Attendant.

Date of Burial, Feb 17th 1875

Undertaker, Parents

Place of Business, *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 1010

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1010,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Monday July 15th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eda Bartlett

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female.

Age, (abt) 90 *Years,* — *Months,* — *Days.*

Color, White. *Sex,* Female.

~~Married~~, ~~Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.} Widow.

Occupation, Lady.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England. 15 yrs in America

Duration of Residence in the City of Baltimore, 15 yrs in City.

Place of Death, {Give street and number.} Church Home & Infy. 22. Broadway.

Cause of Death, First (Primary,) —

Second (Immediate,) Old age

Duration of Last Sickness, One Month.

All the above information should be furnished by the Physician.

Place of Burial, Wm Oliver Cemetery.

Date of Burial, Friday 16th 75

Undertaker, Jno A Weaver.

Place of Business, 22 W. Fayette St.

F. D. Garvin M. D.
Medical Attendant.

Address Church Home & Infy
22. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 1873 BALTIMORE.

Permit No. 1011.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 15th February 1873

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Johnson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* 9 *Months,* 25 *Days.*

Color, Black *Sex,*

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~Ex~~ Worcester Co Maryland

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} No 273 Orleans st

Cause of Death, {First (Primary), w
Second (Immediate), Tuberculosis (consumption

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 17th 1873

{*Undertaker,* William N. Dunge
{*Place of Business,* No 104 East st

William L. Randall M. D.
Medical Attendant.

Address Broadway Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 16 1875 BALTIMORE

Permit No. 1012

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 15th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Kuntz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* 20 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 3 yrs 5 m 20 days

Place of Death, {Give street and number.} 215 Chesapeake St South

Cause of Death, First (Primary,) Resolo Mem Laryngitis

Second (Immediate,)

Duration of Last Sickness, 32 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsus Cemetery E. Jones Williams M. D.

Date of Burial, Feby 17th 1875. Medical Attendant.

Undertaker, A. Köhler

Place of Business, 244 E Lombard St *Address* No 33 East Street Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1013

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 14. 75. 10 oclock A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dennis Bratton jr

~~Sex, Male or Female,~~ {Cross out the word not required in this line.}

Age, One Year, Six Months, ~~Days.~~

Color, Black *Sex,*

~~Married~~, *Single,* ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 4 S. Amity –

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,) Congestion of Brain – Convulsions &c

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Lewis M. Eastman M. D.

Date of Burial, Feb. 16th 75 Medical Attendant.

Undertaker, Wm Chase

Place of Business, No 198 Howard *Address* 349 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

Permit No. 1014

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caspar Peters

~~*Sex,* Male or *Female*~~, {Cross out the word not required in this line.}

Age, 5 1 — *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Seamster

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 46 Yrs

Duration of Residence in the City of Baltimore, 5-5-2 Light St.

Place of Death, {Give street and number.}

Cause of Death, {First (Primary,) Concussion of Brain
Second (Immediate,)

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 18th 1875

{*Undertaker,* Chas. H. Herold
{*Place of Business,* 161 Hanover St.

H. W. Dodge M. D.
Medical Attendant.

Address 201 Hanover St
Baltimore Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 1013

The Special Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 1016 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nellie Stone

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Years, Eight (8) Months, Days.

Color, White *Sex,* Female

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balti City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 383 E. Eager St

Cause of Death, First (Primary,) Fall on the head

Second (Immediate,) Compression of brain; Convulsions & Hemorrhage

Duration of Last Sickness, Five days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 17th

Undertaker, Adam Fink

Place of Business, 461 Gay St

W. H. White, M. D.
Medical Attendant.

Address 330 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

1016

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1016

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Reinhart

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Twenty Seven *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Can Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Twenty Seven

Place of Death, {Give street and number.} No 274 East Madison St

Cause of Death, {First (Primary,) Consumption
Second (Immediate,)

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemt

Date of Burial, Feb 18

Wm H. Clendinen, M. D.
Medical Attendant.

{*Undertaker,* John I Rodenmayer *Address*
{*Place of Business,* 162 E Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

~~Physicians will make returns of all Deaths~~ No. 1017

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 1017

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 16th 75.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Kirk

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6. *Years,* 7. *Months,* 13 *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ~~14 days~~ 6 years 7 m. 13 d.

Place of Death, {Give street and number.} 84 Penn ave.

Cause of Death, {First (Primary,) / Second (Immediate,)} Chronic Croup.

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 18 1875

Undertaker, Andrew Leitz

Place of Business, 115 Druid Hill Av. *Address*

Louis Chs Horn M. D.
Medical Attendant.

c/o Dr. Horn Roxbury.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

HEALTH DEPARTMENT FEB 17 1875 BALTIMORE

Permit No. 1018 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Snowden

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, B *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 447 N Charles st

Cause of Death, {First (Primary,) Heart disease

{Second (Immediate,) General Nervous Effusion

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 18th 1875

{*Undertaker,* John Jordan

{*Place of Business,* 63 Park st *Address* 23 McCulloh st

C Winslow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Cemeteries in City of Baltimore will make returns of all Perm[illegible] the Ord[illegible]

No. 1019

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT FEB 17 1875 BALTIMORE

Permit No. 1019.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbary Bruzzolo

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} ----

Age, Three *Years,* Four *Months,* Sixteen *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany; 2 years in U.S.

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} Gould's Lane, No. 18

Cause of Death, First (Primary,) Scalet Fever resulting

Second (Immediate,) in Pneumonia Confluens, Exhaustion

Duration of Last Sickness, Two (2) days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 17 February

Undertaker, W. P. Dill

Place of Business, 183 Columbia Street, *Address* 129 Shaft St.

W. D. Coyle *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

HEALTH DEPARTMENT FEB 17 1875 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1020,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Millian

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 80 Orchard St

Cause of Death, {First (Primary,) Typhoid

Second (Immediate,) 3 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bern Cathedral

Date of Burial, Feb 17th 1875

Undertaker, R. & J. Gray

Place of Business, 65 Mulberry St

Caleb Winslow M. D.
Medical Attendant.

Address 23 McCulloch st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 17 1875 BALTIMORE

Permit No. 1021

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlie Towles

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* 9 *Months,* *Days.*

Color, Colored *Sex,* Male

~~Married~~, Single, ~~Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Brick Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D. C.

Duration of Residence in the City of Baltimore, Not Known

Place of Death, {Give street and number.} No 2 Rose Alley

Cause of Death, First (Primary,) Pulmonary Hemorrhage

Second (Immediate,) Consumption.

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Western Bitter Field

Date of Burial, Feb 17

Undertaker, M. H. & Perry

Place of Business, 148 W Baltimore

Jno. T. Bell M. D.
Medical Attendant.

Address 161 So. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ll Permits for

No. 1022.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT FEB 17 1875 BALTIMORE.

Permit No. 1022,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Birmingham

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or~~ *Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} State of New York —

Duration of Residence in the City of Baltimore, Six weeks —

Place of Death, {Give street and number.} 18. Dover St.

Cause of Death, { First (Primary,) / Second (Immediate,) } Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery W R McKinney M. D.

Date of Burial, Feb 18 Medical Attendant.

Undertaker, J H Cook

Place of Business, 707 W St Baltimore *Address* 582 West Fayette st

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1023

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

HEALTH DEPARTMENT FEB 17 1875 BALTIMORE

Board of Health, City of Baltimore,

Permit No. 1023, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Park Custis Wilson

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 73 *Years,* 8 *Months,* 4 *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Gentleman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Somerset Co Eastern Shore of Maryland

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 67 Franklin Street Baltimore

Cause of Death, First (Primary,) Bright's Disease

Second (Immediate,) Pneumonia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

I S Mackenzie M. D.

Place of Burial, Washington D.C.

Date of Burial,

Undertaker, R Kennedy & Son

Place of Business, 92 Hanover St Balto

H. P. C. Wilson M. D.
Medical Attendant

Address 110 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1024

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

HEALTH DEPARTMENT FEB 17 1875 BALTIMORE

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1024,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 16,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George E. Higdon

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 119. Lemmall st

Cause of Death, { First (Primary,) / Second (Immediate.) } Tuberculus Meningitis

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, February 17 1875

Undertaker, Chas F. Herold

Place of Business, 161 Hanover st.

Theodore Bosley M. D.
Medical Attendant.

Address 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 1023

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

HEALTH DEPARTMENT FEB 17 1875 BALTIMORE

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1025.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 17th February

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Koenig

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 2. Months, 4 Days.

Color, White. *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 44 Fielding between C

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,) Asphyxia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Febr. 18th.

Undertaker, B. F. Dill

Place of Business, 183 Columbia St.

C. J. Budenbender M. D.
Medical Attendant.

Address 116 Columbia St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1026

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

HEALTH DEPARTMENT FEB 17 1875 BALTIMORE

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1026,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 16. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Doyle

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 6 *Months,* *Days.*

Color, White ~~Sex,~~

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County.

Duration of Residence in the City of Baltimore, 1 Month

Place of Death, {Give street and number.} St Vincents' Infant Asylum

Cause of Death, First (Primary,) Tuberculous Meningitis

Second (Immediate,) Coma

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem'y

Date of Burial, Feb 17 1875

Henry Brown M. D.
Medical Attendant.

Undertaker, M. Schilling

Place of Business, 72 Penn^a Ave *Address* 201 N. Biddle Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 1027

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

HEALTH DEPARTMENT FEB 17 1875 BALTIMORE

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1027.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 15th February 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josiah Stanley

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester County Maryland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 142 N Spring st

Cause of Death, {First (Primary,) Tuberculosis

{Second (Immediate,)

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 17th 1875

{*Undertaker,* William H. Dorsey

{*Place of Business.* No 104 East St

Wm. L. Purnell M. D.
Medical Attendant.

Address 1 Broadway Medical

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1028.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 17 1875 BALTIMORE.

Permit No. 1028,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 16 February 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josiah Stanley & Margaret Stanley

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color, Black *Sex,* ____

~~Married,~~ *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, {Give street and number.} 142 N Spring St

Cause of Death, First (Primary,) Acute Bronchitis

Second (Immediate,) Pneumonia

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 17th 1875

Undertaker, William N. Lange

Place of Business, 110 & 114 East St

William E. Kunkel M. D.
Medical Attendant.

Address Broadway & Madison Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1029

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT FEB 17 1875 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1029.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 17th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henritta Stanley

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* Six *Months,* no *Days.*

Color, Black *Sex,* female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 93 N Spring St

Cause of Death, {First (Primary,) Whooping Cough / Second (Immediate,)

Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 18th 1875

Undertaker, William N. Dunger

Place of Business, No 104 East St

D Webster Bethell M. D.
Medical Attendant.

Address N. E. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1030

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

HEALTH DEPARTMENT FEB 17 1875 BALTIMORE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1030,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 16th 1875,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Milton Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* Eleven *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 11 Months

Place of Death, {Give street and number.} No 73 Jasper St

Cause of Death, { First (Primary,) Influenza of Cold
Second (Immediate,) Pneumonia

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 17th February

{ *Undertaker,* Saml W. Chase
Place of Business, Corner Hill & Howard Sts South Balt.

Edwd H. Bluite M. D.
Medical Attendant.

Address 111 N. Chas St. Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 17 1875 BALTIMORE

Permit No. 1031

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 16th Feb 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jno W Jeanhart

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 74 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Miller

Birthplace, { State or country (and how long in the United States, if of foreign birth. } German Town Pa

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 178 Chesnut Street

Cause of Death, { First (Primary,) Bronchitis / Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Druid Grove Balt Co O G Nash *M. D.*

Date of Burial, Friday 19 Feb Medical Attendant.

Undertaker, George C Rodenmayer *Address*

Place of Business, 38 Union Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE FEB 17 1875

Permit No. 1632

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febr. 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Vietkel

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 41 *Years,* 9 *Months,* *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation, Carver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} No 6 China Alley, near Fremont

Cause of Death, First (Primary,) Ththisis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Schwartz Bourtz's

Date of Burial, China Alley No 6.

G. Liebmann M. D.
Medical Attendant.

Undertaker, H Boiele

Place of Business, 81 Henrietta St. *Address* 58 N. Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 17 1875 BALTIMORE

Permit No. 11133,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 17th 75.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ethel V. Colley,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 106 N Collins St.

Cause of Death, {First (Primary,) Dentition,
Second (Immediate.) Convulsions,
L. Marks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western 11th Cemetery

Date of Burial, Feb 19

Undertaker, J B Cook

Place of Business, 707 W Bs Baltimore

John L. [illegible] M. D.
Medical Attendant.

Address 253 Washington Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 17 1875 BALTIMORE

Permit No. 1034

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen J. Wheeler

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 35 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow* or *Widower*~~, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 106 N. Republican St

Cause of Death, {First (Primary,) Paralysis (4 years standing)
Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, about 6 months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, February 18th 1875

Undertaker, Wm. H. Hickman *Address* 17 Harrison St

Place of Business, 234 N. Gay St.

H B Webb M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT FEB 1875 BALTIMORE

Permit No. 1035

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 6 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eva Maria Spence

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 9 Months, 12 Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 280 Bank St

Cause of Death, { First (Primary,) Scarlatina Malignana

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 8th 1875

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1036

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac Palmer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, about 14 *Years,* —— *Months,* —— *Days.*

Color, Colored *Sex,* ——

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 6 to 7 years

Place of Death, {Give street and number.} 628 W. Lombard St. Baltimore Md

Cause of Death, First (Primary,) Tuberculor Meningitis

Second (Immediate,)

Duration of Last Sickness, In all two weeks

All the above information should be furnished by the Physician.

Place of Burial, Saint Peters

Date of Burial, Feb 18th 1875

Wm Ruse M. D.
Medical Attendant.

Undertaker, S. W. Chase

Place of Business, 198 S Howard St *Address* 131 N Charles St Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1037

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 17th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Mayer

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cutting Shoes

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baden

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 161 N. Franklin St.

Cause of Death, First (Primary.) Chronic Hepatitis

Second (Immediate.) Debility & Dropsy &c

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Heb. Shalom Congregation

Date of Burial, Feb 18th 1875

Undertaker, Andrew Lilly

Place of Business, 110 Druid Hill Avenue

Chas. A. Doremus M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1038.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1038,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Gosnell

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 81 *Years,* 5 *Months,* 26 *Days.*

Color, White *Sex,*

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carroll County Maryland

Duration of Residence in the City of Baltimore, about thirty years

Place of Death, {Give street and number.} Baltimore 125 Preston St

Cause of Death, First (Primary,) Dropsy

Second (Immediate,) "

Duration of Last Sickness, Lenthy

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, February 19th 1875

Wm H Davis M. D.
Medical Attendant.

{*Undertaker,* Jacob Weaver
Place of Business, Nos 496 Druid Hill Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1039.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 17th 1875-

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret A. Slaine"

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* ———

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 19 Conway

Cause of Death, First (Primary,) Measles

Second (Immediate,) Diphtheria

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb 19th 1875-

Undertaker, Henry W. Mears

Place of Business, 64 N Gay St

R. G. Lee M. D.
Medical Attendant.

Address Hanover & Baltimore Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1040.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Smith

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, Black *Sex,* female

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, Seven Month

Place of Death, {Give street and number.} 225 N Front

Cause of Death, {First (Primary,) / Second (Immediate,)} General Debility

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Feb 18th 1875

{*Undertaker,* William J Gray / *Place of Business,* 45 Mulberry St}

D. M. Cattell M. D.
Medical Attendant.

Address 42 S Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1041

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febmary 16th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marian Seligen

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number.} 274 W. Fayette St. Balty

Cause of Death, {First (Primary,) Mammary Cancer

{Second (Immediate,) about two years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Light St. Synagogue Ground Burying J. Thos Morris M. D.

Date of Burial, Febmary 18th 1875 5 Franklin St Medical Attendant.

Undertaker, Moses Langwood

Place of Business, 87 Gough St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1042.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 18 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Margaretha~~ Ulrica Lyman "Ulrike"

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 28 *Years,* 0 *Months,* 2 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~27 Cook~~ Ludwigsburg (Germany)

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, {Give street and number.} 27 Cook

Cause of Death, First (Primary,) unknown

Second (Immediate,) Metritis puerperalis

Duration of Last Sickness, ten days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feby 19 1875

Undertaker, Mc Guire & Co

Place of Business, 61 Fayette & Republican Sts Address 120 Pennt.

L. H. Hellmann M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 1043

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10444

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James K. Fowler,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* — *Months,* — *Days.*

Color, *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Havre De Grace, Md "

Duration of Residence in the City of Baltimore, 25 years,

Place of Death, {Give street and number.} 295 S. Sharp St,

Cause of Death, First (Primary,) Phthisis Pulmonalis,

Second (Immediate.)

Duration of Last Sickness, 15 or 16 months,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Feb 19th 1875

Undertaker, Armstrong & Denny

Place of Business, 263 Light St

R. J. H. Tall, M. D.
Medical Attendant.

Address 15-8. S. Sharp St.
Balto Md "

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1044

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. ~~1875~~ 1044. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 17

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Imhof

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, 2-8 *Years,* *Months,* *Days.*

Color, White *Sex,* M

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 2-8 years

Place of Death, {Give street and number.} ~~Lancaster st~~ Somerset st & N 19

Cause of Death, First (Primary,) Spasm Heart disease from Rheumatism

Second (Immediate,) Dropsy &c

Duration of Last Sickness, One or two days

All the above information should be furnished by the Physician.

Place of Burial, St Dyers Ch

Date of Burial, February 19th 1875

Undertaker, Henry Heck

Place of Business, 309 Central Ave.

Charles O'Donovan M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

1045

Board of Health, City of Baltimore,

Permit No. 1045

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 17th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Hummel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 5 Warren Alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 302 Canton Ave

Cause of Death, First (Primary,) Convulsions

Second (Immediate.) one day

Duration of Last Sickness, from information

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Feby 19th 1875

Undertaker, Thos. Kelly M. D.

Place of Business, 302 Canton Ave. *Address* Penn & Exeter Sts. Medical Attendant. Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1046

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 18 1875 BALTIMORE

Date of Death, Feb 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances Campbell

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 88 *Years,* — *Months,* 2 *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 1624 Fremont st north

Cause of Death, { First (Primary,) / Second (Immediate,) } old age.

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Cathedral cemetery

Date of Burial, Feb 18th 1875

Undertaker, Jas. F. Burns

Place of Business, Liberty st

James H. Stewart M. D.
Medical Attendant.

Cor of N. & Paca sts
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1047

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 16 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Bochm

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 44 *Years,* 11 *Months,* 12 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, {Give street and number.} 16 9 Eutaw St

Cause of Death, First (Primary,) Uterine Tumor

Second (Immediate,) Ascites

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Cem'y

Date of Burial, Feb 18 1875

Abram D Hendel *M. D.*
Medical Attendant.

Undertaker, H. Rosing

Place of Business, 136 E. Fayette. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

1048

Board of Health, City of Baltimore,

Permit No. 1048

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 17th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rebecca Wilson

Sex, Male or Female, { Cross out the word not required in this line. } ....

Age, 68 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Calvert Co Md

Duration of Residence in the City of Baltimore, about 8 years

Place of Death, { Give street and number. } 348 Frankein St

Cause of Death, { First (Primary,) Pulmonary Consumption. Second (Immediate.) X Congestion of Lungs X

Duration of Last Sickness, not known.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 19th 1875

Undertaker, John Thacher

Place of Business, 150 Camden St

J A Mowry M. D.
Medical Attendant.

Address 76 Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

1049

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1049.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachael Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 5 Months, Days.

Color, Mulatto *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 5 month

Place of Death, {Give street and number.} No 25 Carlton Street

Cause of Death, First (Primary,) Thrush

Second (Immediate,) Spasm.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 18th 1875

R Mackall Lemmon M. D.
Medical Attendant.

Undertaker, David Nelson

Place of Business, 70 Chatsworth St *Address* 321 Druid St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 1050

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 17th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Fanny Eliza Allen.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* Twenty one *Days.*

Color, White *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City of Baltimore Md

Duration of Residence in the City of Baltimore, Three weeks.

Place of Death, {Give street and number.} 346 Register Street.

Cause of Death, {First (Primary,) Malformation of the heart,
Second (Immediate,) Malformation of the heart.

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery Md.

Date of Burial, Feb 18th 1875

{*Undertaker,* Thos E Hughes
{*Place of Business,* 60 E Balto St *Address*

C. J. Matson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

1051

Board of Health, City of Baltimore,

Permit No. 1051.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Krebs

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, fifty years

Place of Death, {Give street and number.} 201 Forest St

Cause of Death, First (Primary,) Debility (No Specification)

Second (Immediate,) Senile Asthenia

Duration of Last Sickness, three Months

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Feb 18 4 O'Clock P.M.

Undertaker, George C Rodemeyer

Place of Business, 138 Canton Ave

D. W. Cathell *M. D.*
Medical Attendant.

Address 1½ S. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

1052

Permit No. 1052,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 17th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Murphy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* 11 *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wilford Co. Ireland

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number.} 61 York St.

Cause of Death, First (Primary,) Inflammation of Bowels

Second (Immediate,) Inflammation of Bowels

Duration of Last Sickness, 20 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters. C

Date of Burial, Feb 19th 1875

Undertaker, C F Krause

Place of Business, 209 Hanover st *Address* 161 Lombard St

A. A. Bell *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1033

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 1053. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 17th Feby 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John A Hodgers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 19 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 408 Charles St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 408 Charles St,

Cause of Death, First (Primary,) Congenital

Second (Immediate,) Valvular disease of Heart

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Feby 19/75

Undertaker, Wm H Reed

Place of Business, 161 Monument St

[illegible] M. D.
Medical Attendant.

Address 535 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Watkins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Six *Years,* One *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 575 Gay St

Cause of Death, First (Primary,) Scarlatina

Second (Immediate.) Nephritis

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, 19th Feb 1875

Undertaker, G. W. Loane

Place of Business, 568 West Balto St ~~Address~~ 300 N. Broadway

E. E. White, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1055.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Mayberry

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 53 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Co. Md.

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number.} 31 N. Bond st.

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Saturday 2 P M

Undertaker, R. Hall

Place of Business, 176 East Balto st *Address* N. Co Bradley Catonsville P.O.

F. A. McGlannan — *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1056

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Caspar & Virginia Bub.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~ *Years,* 0 *Months,* 3 *Days.*

Color, *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 135 Mulberry St:

Cause of Death, {First (Primary,) General Debility

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery.

Date of Burial, Feby 19th

Undertaker, Chas. Keller & Co. *Address* 137 W Fayette St

Place of Business, 16 N. Howard St.

Rottenwell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1057.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 17 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Eisman

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 47 *Years,* 10 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number.} 35 South Regester St

Cause of Death, First (Primary,) Chronic Bronchitis & Emphysema

Second (Immediate.)

Duration of Last Sickness, 10 months - about -

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Cemetery / Dr Lee M. D.

Date of Burial, Feb. 18 th. Medical Attendant

Undertaker, Franklin Tippet

Place of Business, No. 131 South Bond. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1058.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18th of February

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Ann Smithson,

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Twenty *Years,* Four *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Deer Creek Harford County

Duration of Residence in the City of Baltimore, Only Five years

Place of Death, {Give street and number.} 270 E. Chase St.

Cause of Death, First (Primary,) Intussusception of Intestines.

Second (Immediate.) Intussusception.

Duration of Last Sickness, 48. hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, February 19th 1875.

Undertaker, Wm. H. Neilman.

Place of Business, N. Gay St.

M. P. T. Yeates M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1059

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 18th 75-

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Heinrich M. Mahon-

Sex, Male or Female, {Cross out the word not required in this line.} Male-

Age, 3 *Years,* 3 *Months,* 24 *Days.*

Color, White. *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 32 Division st - (Addison)

Cause of Death, First (Primary,) Measles -

Second (Immediate,) Inflammation Brain.

Duration of Last Sickness, 7 days -

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Feb 19 1875

Undertaker, James O Byrne

Place of Business, N° 63 W Fremont

Lin. M. Gunnion M. D.
Medical Attendant.

Address 133 N. Exeter st -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1060

Board of Health, City of Baltimore,

Permit No. 1060.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ferdinand Stansbury

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* 10 *Months,* 23 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Rock Creek, Ann Arundel Co. Md

Duration of Residence in the City of Baltimore, 10 ~~Eight~~ years.

Place of Death, {Give street and number.} No 459 W Fayette St. Baltimore

Cause of Death, First (Primary,) ~~Phthisis~~ Phthisis Pulmonalis

Second (Immediate.)

Duration of Last Sickness, ~~Two~~ Sixteen days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, February 20th 1875.

John Morris *M. D.*
Medical Attendant.

Undertaker, M. Shilling

Place of Business, Pennsylvania Avenue near Biddle St *Address* 5 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 1061.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2 mo 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Janet Davis

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 73 *Years,* *Months,* *Days.*

Color, White *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow.

Occupation, Housekeeper.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 67 years.

Place of Death, {Give street and number.} 62 Holliday St

Cause of Death, {First (Primary,) Angina Pectoris

{Second (Immediate,) Paralysis Heart.

Duration of Last Sickness, Sudden preceded by slight pain in chest

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, 2 mo 21st 1875

Wm Riley M. D.
Medical Attendant.

Undertaker, Jno H Weaver

Place of Business, Fayette St *Address* 47 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

1062

Permit No. 1062,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 17 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eudocia Wilkes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 53 *Years,* *Months,* *Days.*

Color, White. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, 16 years.

Place of Death, {Give street and number.} 34 Fawn St

Cause of Death, {First (Primary,) Cancer of Stomach & Bowels.
Second (Immediate.)

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Co

Date of Burial, Feb 20 at 10 Oclock

Abram P Arnold M. D.
Medical Attendant.

Undertaker, George C Rodemeyer

Place of Business, 38 Eaton Street *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1063,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Francis McCarney

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* *Months,* 4 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 81 Frederick Avenue

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} 81 Frederick Avenue

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery.

Date of Burial, 20th of Feb.

Undertaker, John P Baulus.

Place of Business, 66 Frederick Av.

W. R. McAllister M. D.

Medical Attendant.

Address 582 W. Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1064,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Roach

Sex, ~~*Male or Female*~~, {Cross out the word not required in this line.} female

Age, about 85 *Years,* ~~5~~ *Months,* ~~7~~ *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Halifax Nova Scotia

Duration of Residence in the City of Baltimore, 394 Franklin St 85 yrs

Place of Death, {Give street and number.} 394 Franklin St

Cause of Death, First (Primary,) Pulmonary disease for years

Second (Immediate,) Typhoid pneumonia

Duration of Last Sickness, 2 attended by 2 Dr

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb. 20th

Undertaker, A. Weidinger

Place of Business, 318 N. Baltimore St.

M. Kammerer M. D.
Medical Attendant.

Address 53 N. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1065.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 18th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa May Heidenshicher

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 9 *Years,* 11 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 282 Orleans St

Cause of Death, {First (Primary,) Dropsy —
Second (Immediate,)}

Duration of Last Sickness, Forty Two Days.

All the above information should be furnished by the Physician.

Place of Burial, Bell-Cemetery J. J. Gross M. D.

Date of Burial, Feb 20 Medical Attendant.

Undertaker, Wm Fry, *Address* 137 Oalon St.

Place of Business, 54 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1066

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1066,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febry 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Zickenberg.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 13 — *Years,* 4 — *Months,* 3. — *Days.*

Color, White *Sex,* Female —

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, all her life.

Place of Death, {Give street and number.} Balto md. No 66. E. Pratt Str.

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) do — with perforation of Bowels —

Duration of Last Sickness, About 2 weeks —

All the above information should be furnished by the Physician.

Place of Burial, Baltic Cemetery

Date of Burial, Feb. 20. 11 o'clock.

Undertaker, Henry Meyer

Place of Business, No. 106 N. Howard st. *Address* 86. E. Fayette Str.

H. A. Dohme — M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1067.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lilly Laurenia Burns.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} ~~Lilly Laurenia Burns.~~

Age, 7 *Years,* — *Months,* — *Days.*

Color, W — *Sex,* Fem.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 4 years.

Place of Death, {Give street and number.} 108 Battery Ave.

Cause of Death, {First (Primary,) — Second (Immediate,) Convulsions

Duration of Last Sickness, About one hour.

All the above information should be furnished by the Physician.

Place of Burial, Batto Cemetary

Date of Burial, Feb 21st 1875

{*Undertaker,* Armstrong & Denny

Place of Business, 263 Light St

R. L. H. Tall M. D.
Medical Attendant.

Address 158 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 13 BALTIMORE

Permit No. 1068,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Jaehel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* five *Months,* eleven *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} N. 298 North Central Avenue

Cause of Death, First (Primary,) Pneumonia right side

Second (Immediate.) Exhaustion

Duration of Last Sickness, ~~four days~~ nine days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus B. Grd C. G. Parkhurst *M. D.*

Medical Attendant.

Date of Burial, February 21st 1875

Undertaker, Henry Hauch

Place of Business, N. 309 N. Eut. Av. *Address* N. 187 E. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

State of Maryland, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 12 1875 BALTIMORE

Permit No. 1069.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 18th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ada Shipley -

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 5 *Days.*

Color, Blk. *Sex,* Female -

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 198 Raburg St. City.

Duration of Residence in the City of Baltimore, Sunny life -

Place of Death, {Give street and number.} 198 Raburg St. City -

Cause of Death, {First (Primary,) Capillary Bronchitis

{Second (Immediate,)

Duration of Last Sickness, 1 mo.

All the above information should be furnished by the Physician.

Place of Burial, Laurel. Cemetery J. G. Wiltshire M. D.

Medical Attendant.

Date of Burial, Feb 19. 1875

Undertaker, J. W. Chadwick *Address* 398 W. Fayette St. City.

Place of Business, No 184 W. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 1070.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 17 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Nelson Frederick Hopkins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 10 ~~mo~~ Months, Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 10 months

Place of Death, {Give street and number.} 292 S. Ann St.

Cause of Death, First (Primary,) Pseudo membranous Croup

Second (Immediate.)

Duration of Last Sickness, What Hour I have been in attendance only 2 days

All the above information should be furnished by the Physician.

Place of Burial, Bethel Cemetery

Date of Burial, Thursday 18th 2 P.M.

Jesse T. McShane *M. D.*
Medical Attendant.

Undertaker, Henry Schaefer Sr. *Address* 254 Eastern Ave

Place of Business, 252 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 1071,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 19 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febuary 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James B Street

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Fifty three *Years,* Nine *Months,* Twenty Eight *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Commission Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} State of Delaware

Duration of Residence in the City of Baltimore, Forty Years

Place of Death, {Give street and number.} 214 North Fremont Street

Cause of Death, {First (Primary,) / Second (Immediate.)} Pneumonia

Duration of Last Sickness, Less than three days under medical treatment. but reputed sick several days previous to calling a Physician

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, 20th Febr 1875

E Goverlock M. D.
Medical Attendant.

Undertaker, H. H. Deckinsheu

Place of Business, 16 Light St — *Address* 512 West Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 19 BALTIMORE

Permit No. 1072

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mrs. Mary O'Brien

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Nine years

Place of Death, {Give street and number.} 1 E Stockton Alley

Cause of Death, {First (Primary,) "Obstruction" & Inflammation of} {Second (Immediate,) the Bowels -}

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Feb 21

Undertaker, J B Cook

Place of Business, 707 W Balto *Address* 558 W. Fayette st.

John Neff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1073,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John F Hill

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Two *Years,* Six *Months,* eight *Days.*

Color, White *Sex,* Male

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.} ~~John F Hill~~

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since his Birth

Place of Death, {Give street and number.} Mc Henry St

Cause of Death, {First (Primary,) Scarlatina Supposed

Second (Immediate,) Disease of the throat + brain

Duration of Last Sickness, Seven weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery J M Hammond M. D.

Medical Attendant.

Date of Burial, Feb 20

Undertaker, J H Cook

Place of Business, 707 West Baltimore Street *Address* 53 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1074

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 9th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Towson Kirkland

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 2 *Months,* 17 *Days.*

Color, White. *Sex,* Male.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland.

Duration of Residence in the City of Baltimore, All his life.

Place of Death, {Give street and number.} 161 Green St. Baltimore.

Cause of Death, First (Primary,) Continued fever, typhoid type.

Second (Immediate,) Pneumonia right lung.

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. Harry L. Byrne M. D.

Medical Attendant.

Date of Burial, 20th Feb 1875

Undertaker, Jos Doane *Address* 366 N. Immediate

Place of Business 568 West Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

1075

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1075

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~N. 257 Park ave~~ Febry 19/75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine C Hickey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* 6 *Months,* 14 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Franklin & Balt md

Duration of Residence in the City of Baltimore, 24 yrs

Place of Death, {Give street and number.} 257 Park ave

Cause of Death, { First (Primary,) Consumption
Second (Immediate,)

Duration of Last Sickness, about 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Feb 21st 1875

J H Patterson M. D.
Medical Attendant.

{ *Undertaker,* Chas S. Scriven
{ *Place of Business,* 211 N Eutaw st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

1076

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1076

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Ella Ringold - Feby 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Ringold

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* and 10 *Months,* 7 *Days.*

Color, Colored *Sex,* Girl

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 22 Months

Place of Death, {Give street and number.} 14 Booth St

Cause of Death, First (Primary,) Tuberculer disease Brain

Second (Immediate,) Convulsions

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St B.G

Date of Burial, Feb 20th 1875

Undertaker, David Nelson

Place of Business, 70 Myrtle Ave

Geo. L. Brown M. D.
Medical Attendant.

Address 258 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

1077

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1077.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 18th 75. 11¼ Oclk A M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Virginia E. Causey

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 10 *Months,* ——— *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 392 Lexington St Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 392 W Lexington St

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,) "

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Lewis McCausland M. D.

Date of Burial, 21st Feb Medical Attendant.

Undertaker, J. S. Mosher

Place of Business, Pacca & Camden *Address* 349 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

1078

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1078.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emilina Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, Of African descent *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Sheppards Town Va.

Duration of Residence in the City of Baltimore, 14 yrs

Place of Death, {Give street and number.} 944 Bond St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Pneumonia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Burial Ground

Date of Burial, Feb 20th

Geo. H. Dare M. D.
Medical Attendant.

Undertaker, H. C. Perry

Place of Business, 1118 W. Fayette

Address 91 Frederick Avenue
2d door from Monroe St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

1079

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1079.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 19. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Frantom

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 24 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ~~Core maker~~

Occupation, Core maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Arundel Co. Md

Duration of Residence in the City of Baltimore, about 15 years

Place of Death, {Give street and number.} # 252 E. Monument st.

Cause of Death, First (Primary,) "Typhoid Pneumonia,"

Second (Immediate,)

Duration of Last Sickness, (2 weeks)

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 21 /75

Undertaker, Wm H. Hickman

Place of Business, 234 N. Gay St.

H. Hartman pr. Son M. D.

Medical Attendant.

Address # 305 N. Caroline st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

1080

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1080

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~properly filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 19th February 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella Hoetzler

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 7 *Months,* 6 *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 185 Orleans St

Cause of Death, { First (Primary,) / Second (Immediate,) Convulsions

Duration of Last Sickness, Sunday

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 21st 1875

{ *Undertaker,* Cemetery / *Place of Business,* 54 N Broadway *Address*

Milton A Taylor *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

1081

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1081.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant, not named, give names of parents} Henry Moor

~~Sex, Male or Female,~~ {Cross out the word not required in this line.} Male

Age, 16 *Years,* *Months,* *Days.*

Color, Black Male *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert Co. Maryland

Duration of Residence in the City of Baltimore, Four years — Ever "

Place of Death, {Give street and number.} Rear of 210 Lay Pree st —

Cause of Death, { First (Primary,) Typhoid Pneumonia
Second (Immediate,)

Duration of Last Sickness, about 13 days —

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Burial Ground

Date of Burial, February 16-75

J Harvey Hill M. D.
Medical Attendant.

Undertaker, James K Davis

Place of Business, No 12 Sarah st *Address* 90 Hanover st City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

1082

HEALTH DEPARTMENT FEB 20 1875

Permit No. 1052.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} James Stapleton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* X *Months,* 9 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 125 S. Exeter St

Cause of Death, {First (Primary,) Chronic Croup

{Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery G. Glanville Keech M. D.

Date of Burial, Feb 21 1875 Medical Attendant.

{*Undertaker,* James O Byrne

{*Place of Business,* 103 N Front St *Address* Balt & Washington Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

1083

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1083,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death, or as soon thereafter as practicable, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Nina W Hinds

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Female

Age, 2 1 *Years,* 2 *Months,* — *Days.*

Color, White. *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, ~~28 days~~ For Life

Place of Death, {Give street and number.} 237 N Charles St

Cause of Death, {First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 28 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, 20th Feb 1875

Undertaker, H J Watkins Bal

Place of Business, 16 Light St

F. W. Hinds M.D.
Medical Attendant.

Address 121 N. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

1084

1084

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1084

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~immediately filled~~ *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death, if requested, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 19th 1875 12. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Zimerer

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.} Male

Age, about 64 *Years,* *Months,* *Days.*

Color, white *Sex,* Male

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Witzenstein Bavaria

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 288 and 308 Alicianna st

Cause of Death, {First (Primary,) Dropsy
Second (Immediate.)

Duration of Last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Cemty. *Medical Attendant* Pierre G. Dausch M. D.

Date of Burial, Feby 21st 75 P. M.

{*Undertaker,* Michael Cemty. *Address* 27. N. Broadway

{*Place of Business,* No. 33 Cemty Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

1085

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1085

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death, unless excused, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 18th 130 A.M. "

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Goeble

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 53 *Years,* ——— *Months,* 6 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cigar Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Since 1862

Place of Death, {Give street and number.} 235 East Fayette St

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Four weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lyons Cemetery.

Date of Burial, Febuary 20th 2 P.M.

A Gregersheimer M. D.
Medical Attendant.

Undertaker, Michael Funk

Place of Business, No. 33 Bank St. Address 117 East Baltimore St

Consulting Physician St. J. H. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

1086

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1086

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 19 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Winfield Brown

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ~~Years,~~ 5 *Months,* 8 *Days.*

Color, d *Sex,* Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 53. Perry St.

Cause of Death, { First (Primary,) Inanition

Second (Immediate.)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, West Potters field

Date of Burial, February 20 1875

James A Steuart M. D.
~~Medical Attendant.~~

{ *Undertaker,* M H O'Perry
{ *Place of Business,* 1148 W Pratt St

Address Com of K. & Registries

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

1087

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1087.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Friday 19th Febr. 75.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilh. Budde

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 41 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Blacksmith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wiesenfeld (Prussia)

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} Allemande Str. No 64

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Baregrave.

Date of Burial, Febr 21th 1875

Fred. Hefs, M. D.
Medical Attendant.

Undertaker, Peter Frey

Place of Business, 91 Eden Alley *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

1088

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1088,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 4 A. M. February 20. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary A. L. Maxwell.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female.

Age, 54 *Years,* 4 *Months,* ——— *Days.*

Color, White. *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wilmington Del.

Duration of Residence in the City of Baltimore, 48 years.

Place of Death, {Give street and number.} 64 Gough St.

Cause of Death, First (Primary,) Organic Disease of Heart.

Second (Immediate,)

Duration of Last Sickness, Suffered with Cardiac Trouble several years Ill one hour. Had no opportunity to examine the valves.

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, February 22d 1875

Undertaker, W. A. Spaeth

Place of Business, 74 S. Broadway Address

Jno. F. Powell M. D.
Medical Attendant.

72 E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

1089

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1089.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Friday Feb 19 - 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Duncan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* — *Days.*

Color, Blk *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Newark Newdelaware

Duration of Residence in the City of Baltimore, 9 months

Place of Death, {Give street and number.} 56 Davis st

Cause of Death, {First (Primary,) Diphtheria
Second (Immediate,)

Duration of Last Sickness, six days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Saturday Feb. 20

Undertaker, McConnell Bro

Place of Business, 131. Saratoga st

E Goldsmith M. D.
Medical Attendant.

Address No 57 Calvert st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

1090

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1090

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Thomas Harden July 19 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Harden

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Eighteen *Years,* — *Months,* — *Days.*

Color, col *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, School boy

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 82 Eutaw Lane

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Feb 21 1876

{*Undertaker,* John B. Williams

{*Place of Business,* 107 Lee St

C. W. Gallaher M. D.
Medical Attendant.

Address 116 N. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

1091

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1091.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of [illegible], or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 19th Feb 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Hughes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 55 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 293. S. Paca

Cause of Death, First (Primary,) Chronic Hepatitis

Second (Immediate,)

Duration of Last Sickness, about 4 months

All the above information should be furnished by the Physician.

Place of Burial, Old Cath Cem[y] Edwd. F. Michelbacher M. D.

Date of Burial, Feb 22nd 1875 Medical Attendant.

Undertaker, Jos. F. Byrne

Place of Business, 57 n. Liberty st *Address* 279. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

1092

1092

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1092

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 19th 1875 11 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Cops

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, about 54 *Years,* *Months,* *Days.*

Color, Black *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, House Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, Three weeks.

Place of Death, {Give street and number.} University Hospital

Cause of Death, First (Primary,) Hydral Valvular Disease of the Heart

Second (Immediate,) Congestion of Heart & Lungs from the same

Duration of Last Sickness, several years

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Grave J C Worthington M.D.

Date of Burial, 21 "

Undertaker, John C Jones *Address* Cor Green & Lombard Sts.

Place of Business, 2063 Park Av

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1093,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christian Alfonso Miller.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 18. Months, 19. Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} "

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number.} 205 Pierce St.

Cause of Death, First (Primary,) Pneumonia.
Second (Immediate,) Contrition.

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Alfonsius Cemt,

Date of Burial, February 22d

Undertaker, Jorg Soffron

Place of Business, 121 Pensilvania av.

Edward A. Harris M. D.
Medical Attendant.

Address ~~Jno Soffron 121 Pensilvania av~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Board of Health, City of Baltimore,

Permit No. 1094

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 18. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mother name Laura Tyler.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} (Illegitimate child)

Age, ——— *Years,* ——— *Months,* ~~2 Months~~ 2 Days.

Color, Black *Sex,* Male.

~~Married~~ *Single,* ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore. Md.

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 152 Tyson St.

Cause of Death, {First (Primary,) Asphyxia from Edema Laborum.
Second (Immediate.)

Duration of Last Sickness, ——— 2 Hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Feb 20th 1875

{*Undertaker,* Whip Sons
{*Place of Business,* 65 Mulberry St.

W. E. Morris M. D.
Medical Attendant.

Address 169 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1095

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 19. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Harry D. Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 7 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 426 Orleans St

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 21 1875

Undertaker, Haughey & Co

Place of Business, 65 South Broadway

G. Glanville Rusk M. D.
Medical Attendant.

Address Balt & Washington Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1096,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fabian Stehl

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Portsmouth Va

Duration of Residence in the City of Baltimore, 2 weeks

Place of Death, {Give street and number.} 747 W. Balto. st

Cause of Death, First (Primary,) Congestion of Brain

Second (Immediate.) Convulsions

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Hebrew Cemetery Belair Road

Date of Burial,

Undertaker, Samuel E Hush

Place of Business, 743 west Baltimore *Address*

L. Blumenthal M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1097.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 19th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie E. Kramer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1/2 *Years,* 3 *Months,* 1 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life time

Place of Death, {Give street and number.} ~~Baltimore~~ Hall Near Broadway

Cause of Death, First (Primary,) Hypertrophy of heart.

Second (Immediate,) General Anasarca

Duration of Last Sickness, 1 yr

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, Febry 21st 1875

Undertaker, Chas Koenig

Place of Business, 136 E. Fayette st

Edw Abner M. D.
Medical Attendant.

Address 218 E. Balt st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1098

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, February 19th 12. M. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Donnelly

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 69 *Years,* *Months,* *Days.*

Color, white *Sex,* Male

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Tyrone County Ireland

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number.} No 528 N. Gay st.

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Cross Cemetery

Date of Burial, Feb 21 1875

Undertaker, James P Byrne

Place of Business, No 630 N Front st

Peter G Dausch M. D.
Medical Attendant.

Address 27 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1099,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 19th 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Minnie Brandt

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 5 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 267 Calvert Street near Lee St.

Cause of Death, { First (Primary,) Scarlet Fever

Second (Immediate.)

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, First German St. Paul Cem

Date of Burial, Febry. 21th

Undertaker, Wm. Nicolaus

Place of Business, Alice Ann. 258

C. Edward Muller M. D.
Medical Attendant.

Wm. Nicolaus

Address 113 S. Broadway

First German St. Paulus

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1100

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Alexander Emmert

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 7 days Months, Months Days.

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, always lives in Balto

Place of Death, {Give street and number.} Mulberry Court No 6

Cause of Death, First (Primary,) Lung Fever

Second (Immediate,) Consumption

Duration of Last Sickness, Lung Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 21st Feb.

Undertaker, P. Kinnert

Place of Business, 311 Mulberry St.

had No Physician M. D.
Medical Attendant.

Address 2 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1101.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 19th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Patrick Goodwin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 11 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} W. 24 Valley St.

Cause of Death, {First (Primary,) Inflammation of brain

{Second (Immediate,).

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, Feb 21 1875

Undertaker, James P Byrne

Place of Business, No 63 N Front St *Address* 74 Eager St.

Jno. Brooke Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the ease comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1102.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 20. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Murray Baker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 0 *Years,* 9 *Months,* one *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 9 months and 1 day

Place of Death, {Give street and number.} # 166 E. Eager st.

Cause of Death, {First (Primary,) / Second (Immediate,)} Pseudo Erysipelas Croup

Duration of Last Sickness, 3½ days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery Geo. A. Kuhman M. D.

Medical Attendant.

Date of Burial, Febry 21, 1875

Undertaker, Geo E Redemayer

Place of Business, Elliott St. *Address* # 305 N. Caroline st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1103,

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Julia Price

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Nineteen *Years,* Four *Months,* Five *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth).} Baltimore Md

Duration of Residence in the City of Baltimore, Nineteen years and five months

Place of Death, {Give street and number.} No. 195 Eleanor St

Cause of Death, {First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, Eighteen days

All the above information should be furnished by the Physician.

Place of Burial, Saint Peters Cemetery Wm H. Hendrickson, M. D.

Date of Burial, Feb 22 Medical Attendant.

{*Undertaker,* Wm Fry *Address*

{*Place of Business,* 54 & Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 21 1875 BALTIMORE.

Permit No. 1104

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Virginia Lightner

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 7 Years, Seven Months, Days.

Color, White

Sex,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Entire death

Place of Death, {Give street and number.} 147 Forest Street

Cause of Death, {First (Primary,) Spinal Meningitis
Second (Immediate,) Spasms

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 22 at 10 Oclock

G Meredith Freeman M. D.
Medical Attendant.

{*Undertaker,* George C Rodenmayer *Address* 118 Green Mt. ave.
{*Place of Business,* 58 Eden Street Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 21 1875 BALTIMORE

Permit No. 1105,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 18 Febr. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ludwig Neidner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 75 Years, Months, Days.

Color, Sex,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Organ player.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hain Grind Darmstadt Germany

Duration of Residence in the City of Baltimore, 22 Years in Baltimore

Place of Death, {Give street and number.} 191 Bethel St. S. Baltimore

Cause of Death, First (Primary,)

Second (Immediate,) Old age.

Duration of Last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount B. G.

Date of Burial, Feb 22nd 1875

Undertaker, H. Schaller's.

Place of Business, Address

Ernst Hamel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1106,

HEALTH DEPARTMENT FEB 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 2d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Gould

Sex, Male or Female, {Cross out the word not required in this line.} ...

Age, ... *Years,* ... *Months,* 5 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 307 Druid Hill Avenue Balto City

Duration of Residence in the City of Baltimore, 5 days

Place of Death, {Give street and number.} 307 Druid Hill Avenue

Cause of Death, First (Primary,) Cyanosis or Blue Disease

Second (Immediate,) ...

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, 21st Feby 75

Undertaker, H. M. Jenkins & Son

Place of Business, 16 Light St

James E. Durell M. D.
Medical Attendant.

Address 297 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 1875 BALTIMORE

Permit No. 1007

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 2 mo. 21. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johanna C. Wedemyer

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 1 *Years,* 1 *Months,* *Days.*

Color, White *Sex,* female Child.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 13 mo.

Place of Death, {Give street and number.} N° 2 Park St

Cause of Death, { First (Primary,) Convulsions.
Second (Immediate.)

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery W. Riley M. D.
Medical Attendant.

Date of Burial, Feb. 22nd

Undertaker, H. Weidemeyer *Address* 47 Lexington St.

Place of Business, 787½ N. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate, setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE

Permit No. 1108,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 19th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Fuller.

~~Sex~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 35 years *Years,* —— *Months,* —— *Days.*

Color, ~~col~~ ~~Black~~

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Waiter.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard County Md

Duration of Residence in the City of Baltimore, Seven years

Place of Death, {Give street and number.} Shields Ally No 5

Cause of Death, {First (Primary,) Cerebro-Spinal Meningitis. Second (Immediate,) Violence of attack.}

Duration of Last Sickness, Abt 13 days from first symptoms.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 21. 1875

Undertaker, S McGhael

Place of Business, 819 & 821 Howard St *Address* N. E. Cor. Park & Mulberry Sts

Jno. G. Jay *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1109

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Aida Turner

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, Dark *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Accomac Co. Va

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number.} 47 Little Church St.

Cause of Death, { First (Primary,) Congestive Chills
Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery R. M. Hall M. D.

Date of Burial, Feb 23. 1875. Medical Attendant.

Undertaker, S. McShane

Place of Business, 16 & 18 S. Howard St. *Address* 266 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 21 1875 BALTIMORE

Permit No. 1160

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febr. 20 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anton Schuismann

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 3 *Months,* 2 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 40 S. Wolf.

Cause of Death, First (Primary,) Adenitis

Second (Immediate.) General Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Athanasius Cimtry

Date of Burial, Febry 22 1875

Abram P. Arnold M. D.
Medical Attendant.

Undertaker, H. A. Gilmyer

Place of Business, 241 Eastern Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 1875 BALTIMORE

Permit No. 1111

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johanna Cain

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, About 37 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County Carey, Ireland. In U.S. 21 years

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} 22 Stockton St.

Cause of Death, First (Primary,) Chronic Gastritis — Cause of disease not known

Second (Immediate,) Exhaustion

Duration of Last Sickness, over 2 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem'y.

Date of Burial, Feb'y 22. 1875

Undertaker, Wm Schilling

Place of Business, 72 Penna Avenue *Address*

J. Zepp M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1112

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Imwalds

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city No. 200 E. Lombard

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give street and number.} 200 E. Lombard st.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Cardiac Dropsy

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Connell

Date of Burial, Feby 21st

Undertaker, H Sander

Place of Business, 252 Canton Avenue

R. W. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1113.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Weisbacker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 9 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany - 27 years in U.S.

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give street and number.} No 1 Walnut St

Cause of Death, First (Primary,) Meningo Myelitis

Second (Immediate,)

Duration of Last Sickness, Five Months

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas's Cemetery

Date of Burial, Feb. 22. 1875

Undertaker, H. Schilling

Place of Business, 721 Penna Ave.

H Darling M. D.
Medical Attendant.

Address 113 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1114

HEALTH DEPARTMENT FEB 21 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Albert

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 7 *Months,* 1 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 72 Penna Ave

Cause of Death, {First (Primary,) ____ Second (Immediate,) Capillary Bronchitis

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, St. Alfonsius Cemetery *M. D.* S Bowie

Date of Burial, 22. Feb 1875 Medical Attendant.

Undertaker, Jno Schilling *Address* 4 McCulloch St

Place of Business, 72. Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE MD. FEB 22 1875

Permit No. 1115.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Doyle

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Blacksmith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore. 21 Years

Place of Death, {Give street and number.} Washington University Hospital

Cause of Death, {First (Primary,) Phthisis Pulmonalis
Second (Immediate,)}

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery Geo. Reynolds M. D.

Date of Burial, Feb 22d 1875 Medical Attendant.

Undertaker, James P Byrne

Place of Business. No 63 N Front Street *Address* Washington Univ Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 1875 BALTIMORE

Permit No. 1116

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febry 19: 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Geo Blunds

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~White~~ 3 *Years,* 11 — *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Norfolk Va

Duration of Residence in the City of Baltimore, 11: 109 N. Howard St

Place of Death, {Give street and number.} No 109 N. Howard St

Cause of Death, {First (Primary,) Pneumonia
{Second (Immediate,) Extenuation

Duration of Last Sickness, About Six days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem Christopher W Singston. M. D.
Medical Attendant.

Date of Burial, Feb 22 nd 75

{*Undertaker,* John F Pohlmeyer *Address*
{*Place of Business,* 113 E Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1117

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 20 ~~th~~ 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Albert Nelke

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years~~, ~~Months~~, 2 weeks & 4 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 243 Franklin St

Cause of Death, {First (Primary,) Thrush. Secondary Cyanosis, Congestion Lungs, Second (Immediate,) Spasms

Duration of Last Sickness, about 1 week, ill 24 hours

All the above information should be furnished by the Physician.

Place of Burial, ~~Mount Olivet~~ London Park

Date of Burial, 22 Feby

Undertaker, C. Weigand

Place of Business, 53 Druid Hill Ave *Address*

Elias C. Price M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

1118

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT SEP 1875 BALTIMORE

Permit No. 1118.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 20th, 11.20 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elnora Patterson.

Sex, Male or Female, {Cross out the word not required in this line.} Female,

Age, Three (3) *Years,* Ten (10) *Months,* Eleven (11) *Days.*

Color, White *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City,

Duration of Residence in the City of Baltimore, Since birth,

Place of Death, {Give street and number.} No 1, Ruggles Street

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate.) Convulsions

Duration of Last Sickness, Five (5) hours.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, F. 22d 1875

Undertaker, John L Thacker

Place of Business, No 150 Canton Ave

Fred'k Eldridge, M. D.
Medical Attendant.

Address No. 15 So. Henry Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE

Permit No. 1119

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Connolly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 10 years—

Place of Death, {Give street and number.} 100 W. Baltimore St

Cause of Death, {First (Primary,) Thoracic Aneurism

{Second (Immediate,)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, Feby. 23d 1875

{*Undertaker,* McElhiney & Dugan

{*Place of Business,* 74 S. Broadway

Edwd F. Michaelsen M. D.
Medical Attendant.

Address 279 W. Fombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

1170

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT 1875

Permit No. 1170

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Marshall

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White. *Sex,* Male

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Bricklayer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore. Since Birth

Place of Death, {Give street and number.} Washington University Hospital

Cause of Death, {First (Primary,) Phthisis Pulmonalis
Second (Immediate,)

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 22d 1875

{*Undertaker,* Matthias A. Daye
Place of Business, 74 S Broadway

Geo. B. Reynolds M. D.
Medical Attendant.

Address Washington Univ Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
OCT 23
1875

Permit No. 1121.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 21st Oct.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.}

Sex, Male or Female, {Cross out the word not required in this line.} Male Charles Hounder Shilling

Age, *Years,* 6 *Months,* 1 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Morgan Co. W. Va.

Duration of Residence in the City of Baltimore. Six months.

Place of Death, {Give street and number.} 22 Division st. near Lafayette st.

Cause of Death, First (Primary,) Typho fever. & teething

Second (Immediate,) Spasms

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, on the 23 rd

Undertaker, Andrew Seitz.

Place of Business, 118 Druid Hill Ave

Charles A. Leigh M.D. *M. D.*
Medical Attendant.

Address Druid Hill Ave & [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 1122

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dr. Robert Henry Cabell

Sex, Male or Female, {Cross out the word not required in this line.} "

Age, 76. *Years,* — *Months,* 1 — *Days.*

Color, White

Sex, Male

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.} Was married at time of death

Occupation, Gentleman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, From Infancy

Place of Death, {Give street and number.} 285 N. Charles Street, Baltimore

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Tuesday, Feb. 23d 75.

Martin P Scott M. D.
Medical Attendant.

Undertaker A. H. Jenkins & Son

Place of Business, 16 Light St.

Address 365 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 1875

Permit No. 1126

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 21st. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Ompteda

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 6 Months, Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 452 Canton ave

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 452 Canton ave Centeleon,

Cause of Death, First (Primary,) Convulsions

Second (Immediate.) Two weeks from information

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmell Cemetery

Date of Burial, February 22th 1875

Undertaker, H. M. Gilmeyer

Place of Business, 341 Canton Ave. *Address* Fawn & Exeter

Wm Kelly M. D.

Medical Attendant

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 1875 BALTIMORE

Permit No. 1124

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Henry Cooksey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 years 7 mos.

Place of Death, {Give street and number.} 20 S. East Ave.

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cimetery

Date of Burial, February 22 th 1875

Undertaker, H. M. Gibmeyer

Place of Business, 341 Eastern Ave.

James F. McShane M. D.
Medical Attendant.

Address 25 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1125

HEALTH DEPARTMENT FEB 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 21st February 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob H. Counselman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* 3 *Months,* 21 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Army Officer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 475 W. Fayette st

Cause of Death, {First (Primary,) Diabetes Mellitus; Second (Immediate.) Uremia

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Feby 23d

H. W. Webster M. D.
Medical Attendant.

{*Undertaker,* Blanchard & Troen
Place of Business, Ft Hartsuff, U.S.A.} Address 57. Barnes

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

1126

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS,

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

Permit No. 1126

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 20.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H. Granger

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* 8. *Months,* ——— *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Police Officer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, 40. Years 8 months.

Place of Death, {Give street and number.} 72. Hamilton St

Cause of Death, {First (Primary,) / Second (Immediate.)} Phthisis

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery *Theodore Bond* M. D.

Date of Burial, Feb 23d 1875 Medical Attendant.

{*Undertaker,* John S Mackie / *Place of Business,* No 15 Lombard St} *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 1875 BALTIMORE

Permit No. 1127.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Struven

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* Two *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, baby crying

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Two days

Place of Death, {Give street and number.} 413 N. Central avenue

Cause of Death, {First (Primary,) Feeble Constitution
Second (Immediate.) Convulsions

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Feb 22nd/75

Undertaker, Geo. Schilling *Address* 5 Franklin st

Place of Business, No 212 E. Monument st

John Morris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 1128

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT 668 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 20th Feby

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Houston

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One Years, One Months, —— Days.

Color, Color'd

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Sex,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} 75 Azel St

Cause of Death, {First (Primary,) Supposed Scrofula

{Second (Immediate,)

Duration of Last Sickness, From birth up to death

All the above information should be furnished by the Physician.

Place of Burial, W Potters field

Date of Burial, Feby 22 1875

Undertaker, W H Cherry

Place of Business, 448 & 450 Broadway

W W Sutton M. D.

Medical Attendant.

Address 192 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 1875 BALTIMORE

Permit No. 1129

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febuary 20 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Sadona Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 3 Months, one week Days.

Color, Light Brown *Sex,* Skin

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Mother Single

Occupation, Chamber Made

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 2 Bible Ally near Fayett St

Cause of Death, First (Primary,) consumption

Second (Immediate,)

Duration of Last Sickness, 8 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Febuary 22 1875

Undertaker, William Dunger

Place of Business, East St No

J Hewett M. D.

Medical Attendant.

Address No 99 North St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 1875 BALTIMORE

Permit No. 1130

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 21st February 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Ford

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester County Md

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} No 248 Orleans st

Cause of Death, {First (Primary,) Fatty Degeneration of Heart
{Second (Immediate.) Dropsy

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 28th 1875

{*Undertaker,* William N. Lurgie
{*Place of Business,* no 101 East st

Wm. L. Russell M. D.
Medical Attendant.

Address Broadway & Madison Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 1895 BALTIMORE

Permit No. 1131.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 19 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Robinson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* *Months,* 3 *Days.*

Color, Black ~~Sex,~~

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 320 Hanover St.

Cause of Death, {First (Primary,) Dr Attended

{Second (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Westport Mills

Date of Burial, Feb 22 1895

Undertaker, M H Clary

Place of Business, 448 Wash *Address*

James A Steen M. D.

~~Medical Attendant~~

Co F 6th Regt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 22 1875 BALTIMORE

Permit No. 1132

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Hoffman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Thirty-nine *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Plasterer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Thirty nine Years

Place of Death, {Give street and number.} 195 Chesnut St.

Cause of Death, {First (Primary,) Congestion

{Second (Immediate.) Exhaustion

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feb 23 at 10 Oclock a.m.

A. E. Klein *M. D.*
Medical Attendant.

{*Undertaker,* George C Rodenmayer *Address*

{*Place of Business,* 38 Eutaw Street No 132 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 22 1875

Permit No. 1132.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 19. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Brooks

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 29 *Years,* 9 *Months,* 20 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} South Paca 22

Cause of Death, First (Primary,) Consumption

Second (Immediate.)

Duration of Last Sickness, Sick about 8 years confined to bed 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb 22d

Undertaker, Joseph Loane

Place of Business, 328 W Balt

Wm G Knowles M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 1875

Permit No. 1124

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederic Gernard.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years.* 11 *Months,* — *Days.*

Color, *Sex,* Male.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, 28 Mo.

Place of Death, {Give street and number.} 61 Henrietta St.

Cause of Death, {First (Primary,) / Second (Immediate,) Pneumonia.

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Wallins Cem

Date of Burial, Feb 23d 1875

Undertaker, Julius Kuehler

Place of Business, Cor Sharp & Cross sts.

R. J. N. Tall, M. D.
Medical Attendant.

Address 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 22 1875 BALTIMORE

Permit No. 1135

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Harris

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 68 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Porter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 68 years

Place of Death, {Give street and number.} 161 Hull [illegible]

Cause of Death, First (Primary,) Aprosplexy

Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 21st

Undertaker, John C. Linden

Place of Business, 62 Park Ave

Address [illegible]

[illegible] *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 1875

Permit No. 1136

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Catherine Reigen~~ Feb 21,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Reigen

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 22, *Years,* 11. *Months,* 29 *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 22 Years 11. Months 29 days

Place of Death, {Give street and number.} 398 N Charles

Cause of Death, First (Primary,)

Second (Immediate,) Phthisis

Duration of Last Sickness, 6. Months.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem. *Residence* Lexington M. D.

Date of Burial, Feb 23 Th 1875 Medical Attendant.

Undertaker, Ralph Kahler *Address* 46 Hanover

Place of Business, Cor Sharp & Lees. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1137.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 21st of Feb 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Anna Riedel

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} U.S.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Corn. (N.W.) Bond & Aisquith

Cause of Death, {First (Primary,) Eclampsia Infantum
Second (Immediate,) Convulsions}

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem'y

Date of Burial, Feb 23rd 8 a.m.

Undertaker, John Grace *Address* 245 E. Biddle

Place of Business, 77 N. Wolfe

T. Flathim M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Death or Death, City of Baltimore,

Permit No. 1138.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 20th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frieda Aron

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, _____ *Years,* Seven *Months,* fifteen *Days.*

Color, white *Sex,* female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, expect child.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore 29 Brown Street.

Duration of Residence in the City of Baltimore, seven months 15 days

Place of Death, {Give street and number.} 29 Brown Street

Cause of Death, {First (Primary,) membranous croup
Second (Immediate,) want of respiration

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Loyd St. Hebrew Congregation, Belair Road.

Date of Burial, Feb. 21st 1875. D. Salzer. M. D.

Medical Attendant.

Undertaker, H. F. Arnold

Place of Business, No. 10 Poultney St. *Address* 154 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE

Permit No. 1139

The Physician who attends any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 20th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Daniel Scully

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, about 43 *Years,* *Months,* *Days.*

Color, White. *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Agricultural Implement Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Holland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 315 East Biddle St

Cause of Death, {First (Primary,) Pulmonary Consumption
{Second (Immediate,)

Duration of Last Sickness, about eight months

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Feb 23 Tuesday

Undertaker, Peter J Byrne

Place of Business, 19 Holt St

Chas C Conrad M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1140

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 22d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* 5 *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 160 Light st

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis

Duration of Last Sickness, 6 month

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cross Cemt

Date of Burial, Feb 24th

Undertaker, Wm P Young *Address* 133 E Pratt

Place of Business, 63 Hanover st

L. McSherry M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1141.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 22nd.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Aronintii Sorrell

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, One Years, 7 Six Months, Days.

Color, Colored Sex, Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 43 Little Sharp St

Cause of Death, {First (Primary,) Scarlatina Anginosa

{Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Ground W H Antrim M. D.

Medical Attendant.

Date of Burial, 23rd Feby

Undertaker, Levi Sutton

Place of Business, No 5 Mott St *Address* 192 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1142.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 22

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Innes Lyon,

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, Months, Six Weeks Days.

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Six Weeks

Place of Death, { Give street and number. } 99 E. Fayette St

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,) Ten days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Febr 23d 1875

{ *Undertaker,* Matthew A. Dargin
{ *Place of Business,* 74 S. Broadway

H. P. Morgan M. D.
Medical Attendant.

Address 175 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1113.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 21. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Wesley Sias

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ 8 *Months,* ~~Days.~~

Color, Col'd. *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} N. 87 Hanover St.

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate.) Congestion

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, July 26 1875

{*Undertaker,* Thos. Locke

{*Place of Business,* 55 Holly St

James A. Clemm M. D.
Medical Attendant
Compt. & Registrar

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1144,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward S. Lowe

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, Dark *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Brickmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 22 N. Hamburg St

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 23 1875

R. M. Hace M. D.
Medical Attendant.

Undertaker, S. McChase

Place of Business, No 194 Howard St *Address* 266 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1145

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febry 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James. A. L. Banks

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 9 — *Years,* 10 — *Months,* 10 — *Days.*

Color, Black — *Sex,* —

~~*Married,*~~ *Single, Widow or ~~Widower~~;* {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cambridge Eastr. Shore Md

Duration of Residence in the City of Baltimore, about 7. yrs.

Place of Death, {Give street and number.} 232. Hughes Str

Cause of Death, First (Primary,) Pneumonia —

Second (Immediate,) Lung Abcess —

Duration of Last Sickness, about 2 years —

All the above information should be furnished by the Physician.

Place of Burial, Shark Cemetery

Date of Burial, February 23 1875

Undertaker, S. M. Chase

Place of Business, No 198 Howard st.

Wm. H. Holme — M. D.
Medical Attendant.

Address 86. E. Fayette —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1146,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 20.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fannie Dunn

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 14 *Days.*

Color, Black. *Sex,* Female

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.} ~~Widow~~

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} North Carolina

Duration of Residence in the City of Baltimore, 1. Year

Place of Death, {Give street and number.} 19 S Sharp

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis

Duration of Last Sickness, 10. Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery. Herbert Reed M. D.

Date of Burial, February 23 1875 *Medical Attendant.*

Undertaker, Wm H. Chase 146 Hanover St

Place of Business, No 198 Howard St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 1147

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mathias ~~Ab~~ Amend

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 8 *Years,* one *Months,* 22 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} No 7 Baker St.

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, St Matthew's Cemetery

Date of Burial, February 24th

J B Browne M. D.
Medical Attendant.

Undertaker, Geo Saffran

Place of Business, 121 Penna Ave *Address* 307 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1148,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 22 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sallie Ann Whittington

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* ~~11 6 9~~ *Months,* ~~Ten~~ *Days.*

Color, *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Somerset Co Md

Duration of Residence in the City of Baltimore, Two months

Place of Death, {Give street and number.} 96 Columbia St

Cause of Death, First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Somerset County

Date of Burial, Feb 24th 1875

Undertaker, John S Machen

Place of Business, No 150 Camden

A. W. Webster M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1179.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Annie Carlton

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, about 36 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} State of N. York

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 479 W. Fayette

Cause of Death, {First (Primary,) Consumption —

Second (Immediate,)

Duration of Last Sickness, about one Year —

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, February 23 1875

{*Undertaker,* Jacob Weaver *Address* 96 Hanover st

Place of Business, 496 Druid Hill Ave City —

J Harvey Hill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1150,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 22 = 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sebastian Rosemer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 70 *Years,* 1 *Months,* 2 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, Carpet Weaver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Herrholz Hesse Cassel = Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number.} 57 Penna = Ave

Cause of Death, {First (Primary,) / Second (Immediate,)} Organic Disease of Heart

Duration of Last Sickness, 4 to 5 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery Geo L. Rice M. D.

Medical Attendant.

Date of Burial, Feb 24th 1875

Undertaker, Andrew Leity

Place of Business, 118 Druid Hill Ave *Address* 119 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1157,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 22nd 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Martha Thompson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *Years,* 8 *Months,* *Days.*

Color, negro *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt. Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 6 Grapple Court

Cause of Death, { First (Primary,) Pertussis
Second (Immediate.) Suffocative catarrh.

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Burial Ground G. Glanville Lee M. D.

Date of Burial, Febuary 23rd 1875 Medical Attendant.

Undertaker, Theodore Loocks

Place of Business, 65 & Wolf St Address Baltimore & Washington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1157

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21st February 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Gray

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} ~~Male~~

Age, Month 67 Years, Months, Days.

Color, Sex,

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Pedlar

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, Not known

Place of Death, {Give street and number.} 401 Saratoga St

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,) Sixteen days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, 23d Feb 1875

{*Undertaker,* G.W. Loane

{*Place of Business,* 568 West Balto St

D. G. Rider — M. D.
Medical Attendant.

Address 87 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1153.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 21st February 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nace Thompson

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, ~~Single, Widow or~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Hack Driver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 5 days

Place of Death, {Give street and number.} 96 n Spring st

Cause of Death, {First (Primary,) Acute Bronchitis / {Second (Immediate,) Pneumonia

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Feb 28th 1875

Wm. L. Russell M. D.
Medical Attendant.

Undertaker, Wm. J. Dunga

Place of Business, No 104 East st *Address* Broadway Broadway No

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

1154

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11544.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha J Taylor

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One Years old Months, Days.

Color, Light Brown *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number.} No 20 Bolton Alley

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Second Cemetery *Physician* B F Bohner M. D.

Medical Attendant.

Date of Burial, Feb 23rd 1875

Undertaker, Michael Schilling *Address* Cor Dolphin & Rose

Place of Business, 72 Penna ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1155.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 22d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen McCormick

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 ~~11~~ *Months,* 13 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} 209 Park Avenue

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 24 1875

{ *Undertaker,* James P Byrne
Place of Business, W 63d Street

Charles Lonsdale M. D.
Medical Attendant.

Address 59 Eastman St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1156.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb - 20 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Kumm

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 70 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 55 years

Place of Death, {Give street and number.} 191 Chestnut St

Cause of Death, First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, February 22nd 1875.

Undertaker, Wm. H. Hickman. *Address*

Place of Business, 234 S. Gay St.

Abram W. Arnold M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Sheehan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} female

Age, 1 *Years,* 7 *Months,* *Days.*

Color, white *Sex,* female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 112 N Bond st

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 112 N. Bond st

Cause of Death, First. (Primary,) Scarlatina

Second (Immediate.)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 23d 1875

Undertaker, James P Byrne

Place of Business, N 63 Front St

Peire S. Daush M. D.
Medical Attendant.

Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1158,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John L. Brennan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Machinist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} Washington University Hospital Gravel,

Cause of Death, { First (Primary,) Pneumonia, was brought to the Hospital in a dying condition

{ Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peter cemetery

Date of Burial, Wednesday 24th

Undertaker, McCourt Bros

Place of Business, 131 Saratoga St

Geo. T. Keyser M. D.
Medical Attendant.

Address Washington Univ Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1159.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 21st 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry A. Rogers

Sex, Male ~~Female~~ {Cross out the word not required in this line.}

Age, Thirty four *Years,* Eight *Months,* Eighteen *Days.*

Color, White *Sex,* Male

~~Married~~ *Single,* ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Druggist & Pharmacist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, All his life Time

Place of Death, {Give street and number.} 225 St. Paul St.

Cause of Death, {First (Primary,) Cardiac disease, hypertrophy of right side with valvular incompetency

Second (Immediate,) Pulmonary edema & effusion in 4th ventricle of brain

Duration of Last Sickness, Eleven Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmt. Cemetery *Date of Burial,* Feby 23rd 75

Jno. T. Mountmonies M. D.
Medical Attendant.

{*Undertaker,* Jno. W. Weaver,
Place of Business, 23 West Baltimore St. *Address* S.W. Cor. Reed & Calvert Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

1160

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1160,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 21st of Feb. 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Johanna Caroline Löbe

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Year* 3 *Months,* 2 *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 297 Canton Ave

Cause of Death, {First (Primary,) Scarletina sine exanthemate
Second (Immediate,) Paralysis of the heart

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, 5th German Reformed Cemetary

Date of Burial, 23d Feb 1875

Undertaker, George Frochlich *Address*

Place of Business, 339 Canton Av

J. Theiss M. D.
Medical Examiner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within twenty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate containing as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1161,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Margaretta Heisner

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 29 *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} Durham st Nr 3 1/8

Cause of Death, First (Primary,) cough

Second (Immediate,) convulsions

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Feb 23d 1875

Undertaker, Geo Frochlich

Place of Business, 339 Canton av

James H Steuart, M. D.
~~Medical Attendant~~

Cor Wash & Baynton
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 1162

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 22d 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katrina Hyckman

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, 4 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Corner of Ridgly & Crozer.

Cause of Death, {~~First (Primary).~~ / ~~Second (Immediate.)~~} Pyemia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, February 23 d

{*Undertaker,* Jacob Bohr
Place of Business, Crosteet. 425

H. P. Wedge M. D.
Medical Attendant.

Address 201 Hanover St
Baltimore Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1163,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 22d 1 P.M. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Brennon

~~Sex~~, *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington Co. Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} University Hospital Lombard St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Exhaustion from the same

Duration of Last Sickness, 13 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 24

Undertaker, H. H. Collins

Place of Business, 148 W Fayette

J.C. Worthington M. D.
Medical Attendant.

Address Cor Greene & Lombard Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1164.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23rd Feb'y

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Keller

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 17 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Single

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto, Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 136 S. Central Ave

Cause of Death, First (Primary,) Phthisis

Second (Immediate.) ——

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

...ce of Burial, St Pat's Cemetery

... of Burial, Feb'y 24th 1875

Undertaker, H. Clark

Place of Business, 20 y Central Ave. *Address* 133 N Eden

Jno. A. O. Henneberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish thin forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1165,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 23th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Friderich Lange

Sex, Male or Female, {Cross out the word not required in this line.}

Age, twenty two *Years,* nine *Months,* twelve *Days.*

Color, white. *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, wood Turner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No E. Eager st 33353

Cause of Death, First (Primary,) Typhoid Pneumonia

Second (Immediate.) Exhaustion

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, St Alphons Cemet.

Date of Burial, Feb 25th 1875

Undertaker, Henry Hoeth

Place of Business, No 309 Central Av.

C. J. Trautmann M. D.
Medical Attendant.

Address No 187 E. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1166.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 6½ Oclock PM Sunday February 21, 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } David Augustus Wilson

~~Male~~ or ~~Female~~, Male (Cross out the word not required in this line.)

Age, Years, 7 Months, 21 Days.

Color, Black *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~ (Cross out the words not required in this line.)

Occupation, none

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 120 Orchard st Balto Md

Duration of Residence in the City of Baltimore, since Birth

Place of Death, { Give street and number. } 5 Harmony Lane W. of Fremont

Cause of Death, { First (Primary,) Debility, from exposure and
Second (Immediate,) want of Mothers milk ~~Inanition~~

Duration of Last Sickness, 7 mos & 21 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb. 24th

Lewis M. Eastman M. D.
Medical Attendant.

Undertaker, P. Kummet

Place of Business, 317 Madison st *Address* 349 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish hin forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ing forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1167

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~January~~ Feb'y 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Locke

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Convict

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Not Known

Duration of Residence in the City of Baltimore, Two Months

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) ~~11 days~~ 11 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Eastern Cemetery

Date of Burial, Feb'y 23d 1875

Undertaker, Wm Donovan

Place of Business, 6 Banks St

J. H. Grimes *M. D.*
Medical Attendant.

Address 188 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1168,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 22d

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louise Neuman

Sex, Male or Female, {Cross out the word not required in this line.} Boy

Age, *Years,* *Months,* 9 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 122 Battery Ave. Baltimore, Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 122 Battery Ave

Cause of Death, {First (Primary,) Tetanus Nascentium / Second (Immediate,)

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltim. Cem. J. E. Harrington M. D.

Date of Burial, Febr. 24th 1875 Medical Attendant.

Undertaker, Julius Koehler *Address* 364 Light St.

Place of Business, Sharp & Cross sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1169.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelmina Haehnle

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* 2 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 145 Sterling Street

Cause of Death, First (Primary,)

Second (Immediate,) Heart Disease

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feby 23. 1875.

Undertaker, A. Weidemeyer

Place of Business, Baltimore St. near Pine st. *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

1170

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1170

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Thurs 21 Feb 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mc Martha A Ford

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} .....

Age, 15 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 210 Calhoun st Fatherine

Cause of Death, { First (Primary,) Chronic Bronchitis
Second (Immediate,) Phthisis

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 23rd 75

{ *Undertaker,* Thos A Hughes
Place of Business, 60 E Balto

Jno Nelson M. D.
Medical Attendant.

Address 5 Indiana Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1171.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 22. 75.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stephen Banks

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 70 *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frdk Co Md

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and number.} Corner alley

Cause of Death, First (Primary,) Apoplexy

Second (Immediate.) Paralysis (Hemiplegia)

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Sharp St cemetery

Date of Burial, Feb 24th 1875

Undertaker, Wm P Fox

Place of Business, 65 Smith, St *Address* 53 N. Green St.

W. H. Kemp M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

1172

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1172

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Victoria Blaze

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Unknown Years, about 40 Months. Days.

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housework

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 69 Jasper Balt

Cause of Death, {First (Primary,) Phthepis Pulmon:

Second (Immediate,) 1 Year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Thos S Latimer M. D.
Medical Attendant.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 23d 1875

Undertaker, Hinfelger

Place of Business, 65 north st

Address 248 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

1173

Permit No. 1173,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Jane Dilahay

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 35 *Years,* *Months,* *Days.*

Color, white *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Prostitute

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt: City

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number.} 23 Lewis Street

Cause of Death, {First (Primary,) / Second (Immediate.)} } suicide by Strychnia

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, Balt: Cemetery

Date of Burial, Feb 24th 1875

{*Undertaker,* Ged Rodenmayer.

Place of Business, No 38 Enson Street

Edmund Walker M. D.

~~Medical Assistant~~ Comm. M. P. Dist

Address 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

1174

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1174,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday Feb'y 22d 1174 P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Loud Lauchlin

~~Sex~~, *Male* ~~or Female~~, { Cross out the word not required in this line. }

Age, Two *Years,* Sip *Months,* *Days.*

Color, Colored *Sex,* Male

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Norristown Pennsylvania

Duration of Residence in the City of Baltimore, one year

Place of Death, { Give street and number. } Mason Street No. 11

Cause of Death, { First (Primary,) Complicated Hooping cough (convulsions) / Second (Immediate,) Pneumonia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 23 Feby 1875. J. Halsted Boyland M. D. Medical Attendant.

{ *Undertaker,* John C. Gordon *Address* 88 Cathedral Street
{ *Place of Business,* No 63 Parker

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

1175

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1175,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately~~ *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby. 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Deininger

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* Four *Months,* & twelve *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ~~None~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Lemmon St. near Mount

Cause of Death, First (Primary,) Capilary Bronchitis

Second (Immediate.) Cerebal Congestion

Duration of Last Sickness, Eight days

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, 24th February

Undertaker, J. C. Paulin

Place of Business, 66 Frederick Ave.

Silas Baldwin M. D.
Medical Attendant.

Address 152 Townsend St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

1176

Board of Health, City of Baltimore,

Permit No. 1176,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~separately filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 23d 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Rowland

Sex, Male or F[illegible] {Cross out the word not required in this line.}

Age, 64 *Years,* 1 *Months,* 6 *Days.*

Color, White *Sex,*

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the words not required in this line.}

Occupation, School Teacher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number.} 135 Lexington St.

Cause of Death, {First (Primary,) Don't know

{Second (Immediate,) Congestion of Lungs

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Hancock. M. D

Date of Burial, Feb 24th 1875 Judson Gilman M. D.

Medical Attendant.

{*Undertaker,* Jacob Weaver

{*Place of Business,* No 486 Druid Hill Avenue *Address* 172 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1177

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 23rd 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bruce Seabrough

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* 11 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} No 202 South Charles St

Cause of Death, First (Primary,) Inflammation of the Brain

Second (Immediate,) Cerebro Spinal Meningitis.

Duration of Last Sickness, Eleven days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon. Cem. A. A. Bell *M. D.*

Date of Burial, Feby 24th 75 Medical Attendant.

Undertaker, Julius Koehler *Address* 161 So. Sharp St.

Place of Business, Cor Sharp & Cross Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1178,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febuary 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George H. Kyle

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 44 *Years,* 11 *Months,* 15 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 44 years 11 Months & 15 days

Place of Death, {Give street and number.} 249 N. Calvert, (S. E. Cr. Calvert & Eager)

Cause of Death, First (Primary,) Cirrhosis of Liver

Second (Immediate.) Dropsy

Duration of Last Sickness, About two Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery John Mones M. D.

Date of Burial, Feb 25th, 1875 Medical Attendant.

Undertaker, Henry W. Jenkinson *Address* No 5 Frank Co

Place of Business, 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1179

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febrva 22nd 1875-

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles b Masters

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 2 8 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cumberland Md

Duration of Residence in the City of Baltimore, (20) twenty years

Place of Death, {Give street and number.} 208 Cherry St

Cause of Death, {First (Primary,) Tuberculosis (Pulmonary)
Second (Immediate.)

Duration of Last Sickness, Two mths

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem. D Wheeler Cathell M. D.
Medical Attendant.

Date of Burial, Wednesday 24th Feb

Undertaker, H W Watkins & Son *Address* 14 & Exeter pl

Place of Business, 18 Light Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

1180

Permit No. 1180

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Parr

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 4 ~~2~~ Months *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 288 N Central Ave

Cause of Death, First (Primary,) Unknown 3

Second (Immediate,) Unknown 3

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alfons Lots

Date of Burial, Feb 23rd 1875

Undertaker, Henry Koch

Place of Business, 309 Central Ave *Address* 188 N Eutaw St

D. H. Grimes *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1181

HEALTH DEPARTMENT FEB 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marie Wilson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, One *Years,* 2 *Months,* ——— *Days.*

Color, Black *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 143 S. Durham St

Cause of Death, {First (Primary,) Spinal Meningetis / Second (Immediate,) Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 26 1875

Undertaker, John W Locke

Place of Business, Wolf St

James A Stewart M. D.
~~Medical Attendant.~~
Com of H. & Registrar
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1182

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Reuben S. Tall.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* —— *Months,* —— *Days.*

Color, —— *Sex,* Male.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Printer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 12 years.

Place of Death, {Give street and number.} 164 S. Charles, St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis.
Second (Immediate,)

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb 24. 1875

Undertaker, Armstrong & Denny

Place of Business, 263. Light St

R. J. H. Tall, M. D.
Medical Attendant.

Address 158. S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB BALTIMORE

Permit No. 1183

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Hellmann

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 32 *Years,* 11 *Months,* 23 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Single~~ Married

Occupation, ~~Hoffhagen~~ Housewife

Birthplace, {State of country (and how long in the United States, if of foreign birth.} Hilfhagen Kurhessen Germany

Duration of Residence in the City of Baltimore, 23 Years

Place of Death, {Give street and number.} Columbia Av. No 102

Cause of Death, {First (Primary,) Phthisis pulmonalis,

{Second (Immediate,) Nervous

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, 24 Feb'y

{*Undertaker,* C. Wiegand

{*Place of Business,* 53 Druid Hill Ave.

H. L. Pudenteau M. D.
Medical Attendant.

Address 102 N. Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1184,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 22 / 875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Young Thomas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County Md.

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 17 Wareche St Balto Md.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) 9 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Feb 24

Undertaker, M B Cook

Place of Business, No 707 west Baltimore Street

J Shellenhill M. D.
Medical Attendant.

Address 432 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1185.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Banned

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 9 *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 176 S. Washington St

Cause of Death, {First (Primary,) Spasms

Second (Immediate,) ———

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, M. Burial Ground

Date of Burial, Feb 24th 1875

{*Undertaker,* Geo Lodwick

Place of Business, 339 Canton Ave

~~*Medical Attendant.*~~ Comm'r of Health & Registrar *M. D.*

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1186,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 23. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bassar Smith

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, one *Years,* two *Months,* — *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, Fourteen Months

Place of Death, {Give street and number.} Bakers Court & Knox alley

Cause of Death, {First (Primary,) Cold

Second (Immediate.) Pneumonia

Duration of Last Sickness, Eleven days

All the above information should be furnished by the Physician.

Place of Burial, H. Alphonsus

Date of Burial, 25 of Feb.

Undertaker, P. Kümmert.

Place of Business, 317 Mulberry St. *Address* 306 N. Fayette Street

Chas. W. Neff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1187.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Wed February 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georg Lehmuth

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 22 *Years,* 8 *Months,* 1 *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Maried

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, W. Pratt Street

Place of Death, {Give street and number.} 899 W. Balt St.

Cause of Death, First (Primary,)

Second (Immediate,) Sc. Cancer.

Duration of Last Sickness, Six One Month

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, 4 p m Feb 25.

Undertaker, J. P. Paulus

Place of Business, 116 Fred Ave *Address*

Wm. J. Zilver. M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 1188

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 23d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie Ratcliffe

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Four Months, Eleven Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 220 East Pleasant St

Duration of Residence in the City of Baltimore, From Birth

Place of Death, {Give street and number.} 502 Penna Ave

Cause of Death, First (Primary,) Capillary Bronchitis

Second (Immediate,) " "

Duration of Last Sickness, about 4 days

All the above information should be furnished by the Physician.

Place of Burial, Bolle Cemetery

Date of Burial, Feb. 24th / Jno. H. Morris Bolch M. D.

Medical Attendant.

Undertaker, David Hatzell

Place of Business, Pennsylvania Avenue *Address* 649 Penn Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1189.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 22,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. McGilton

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 7. *Months,* ——— *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, 7 months

Place of Death, {Give street and number.} 213. Montgomery St

Cause of Death, {First (Primary,) / Second (Immediate,)} Congestion of Brain

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Feb 25 1875

Undertaker, Wm. Keller

Place of Business, 146 Hanover St

Herbert Carter M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1190.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wright

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 4 Mths ~~Years,~~ ~~*Months,*~~ ~~*Days.*~~

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 72 Frederick Road

Cause of Death, {First (Primary,) Pneumonia
Second (Immediate.) 4 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Feb. 25

{*Undertaker,* John P. Kaulus
Place of Business, 66 Frederick Ave.

H. L. Geier M. D.
Medical Attendant.

Address 379 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1191.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febuary 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Boyl

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 Years, 1 Months, 15 Days.

Color, Dark Chestnut *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert County Md

Duration of Residence in the City of Baltimore, Forty Years

Place of Death, {Give street and number.} No 3 Saratoga court

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) Nine months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery J. T. Bruce M. D.

Date of Burial, Feb 23. 1875 Medical Attendant.

Undertaker, S. M. Chase

Place of Business, 190 E. Howard st Address 190 E. Howard St Balto Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1192.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 23th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily A. Young

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 11 *Days.* *Sex,* Female

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md,

Duration of Residence in the City of Baltimore, 16. Months

Place of Death, {Give street and number.} 296. Hanover

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Lauer. Cemetery Sheridan Ohio M. D.

Medical Attendant.

Date of Burial, Feb. 24. 1875

Undertaker, S. M. Chase *Address* 146 Hanover

Place of Business, 18 W. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1193,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 23rd February 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hawkins Magruder

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } .....

Age, 27 Years, 9 Months, 21 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Merchant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Washington D.C.

Duration of Residence in the City of Baltimore, Eleven years

Place of Death, { Give street and number. } Car Park Ave & Howard St

Cause of Death, { First (Primary,) Acute Rheumatism
Second (Immediate,) Cerebral Meningitis

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery. *Medical Attendant,* Philip C. Williams M. D.

Date of Burial, February 25th 1875.

Undertaker, H. A. Weaver. *Address* 201 Madison St

Place of Business, 22 N. Gay street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11944

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 23d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert & Laura Lannan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} .....

Age, ——— *Years,* ——— *Months,* 28 hours *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 160 Ramsay St

Cause of Death, {First (Primary,) Asthenia

Second (Immediate.) Life

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemy James A Steuart M. D.

Date of Burial, Feb 24th 1875 ~~Medical Attendant~~ Commis of Health &

{*Undertaker,* J B. Cook Registrar

{*Place of Business,* 707 W. Balto St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 1196

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 23d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert & Laura Laiman

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months.* 18 hours *Days.*

Color, white *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 160 Ramsay St

Cause of Death, {First (Primary,) / Second (Immediate.)} Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 24th 1875

Undertaker, D. B. Cook

Place of Business, 707 W. Balto St *Address*

Ernest A Steiner M. D.
~~Health Officer~~
Commrs of Health &
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1196,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febr. 23 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretta Roden

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 64 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Irland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 96 Pitts St

Cause of Death, First (Primary,) Valvular disease of the Heart

Second (Immediate,) Paralysis

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary Abram D Arnold M. D.

Date of Burial, Feb: 25th. Medical Attendant.

Undertaker, George Schilling

Place of Business, 212 E. Monument St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 1197.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 23

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary L. Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2. *Years,* 10. *Months,* _____ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, 2 years 10 months

Place of Death, {Give street and number.} 20. Almont St

Cause of Death, {First (Primary,) Second (Immediate.)} Tubercular Meningitis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, February 25 1875

Undertaker, Chas. F. Herold

Place of Business, 161 Eastern Av.

Theodore Ott M. D.
Medical Attendant.

Address 14 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 1198.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23rd February 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Barbacher.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 7 Ps. *Years,* " *Months,* " *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Schiellberg Baden. Germany. 36 years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 309 Eag St Baltimore.

Cause of Death, {First (Primary,) Intercilosis. Second (Immediate.) Diarhoea. 2 Month

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus.

Date of Burial, Feb. 23 1875.

Undertaker, H Heck

Place of Business, 309 Eenhard Address

Edward A. Harris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1199.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 21st 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas E. Wright -

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 4 Months, Days.

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 63 West Fayette st

Cause of Death, {First (Primary,) Inflammation of Lungs. / Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary J Harvey Dill M. D.

Date of Burial, Feb 24th Medical Attendant.

{*Undertaker,* James H Davis *Address* 93 Hanover st

{*Place of Business,* No 12 Saratoga st Baltimore City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12001

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 22d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Frank Adam Smith

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 30 *Years,* 10 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Cigar Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, from birth

Place of Death, {Give street and number.} 76 S. Republican St.

Cause of Death, {First (Primary,) Purpura Hemorrhagica -
Second (Immediate,)

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, ~~Republican St~~ London Park

Date of Burial, Feb. 24th 1875

N. R. McKnew *M. D.*
Medical Attendant.

Undertaker, T. R. Blackistone & Son *Address* 582 West Fayette St

Place of Business, West Balt St 606

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1201,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 24 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Price

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, white *Sex,* Female

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 7 Park Ave

Cause of Death, {First (Primary,) / Second (Immediate,)} old age

Duration of Last Sickness, not sick

All the above information should be furnished by the Physician.

Place of Burial, West Minster

Date of Burial, Feb 25 1875

Undertaker, Andrew Seitz.

Place of Business, 118 Druid Hill Ave. *Address* 89 N. Greene St.

D. G. Keller, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1202.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 23d 11 P.M. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Carroll

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married, Single, Widow~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County Galway, Ireland

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} University Hospital

Cause of Death, First (Primary,) #2 Chronic Bronchial Phthisis

Second (Immediate.) Exhaustion from the same

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, 26th February

J. C. Worthington M. D.
Medical Attendant.

Undertaker, Jas F Byrne *Address* Cor Greene & Lombard Sts

Place of Business, 6 Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1203.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucy Lang

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 53 *Years,* 4 *Months,* 14 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annapolis

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 84 Republican St

Cause of Death, {First (Primary,) Softening of Brain
Second (Immediate,) Exhaustion

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Thursday 25–1875

W. F. Kemp M. D.
Medical Attendant.

Undertaker, J. B. Blackiston

Place of Business, West Baltimore *Address* 55 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1204.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas L Houston

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, W *Sex,* M

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Trader

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bourbon Co Ky

Duration of Residence in the City of Baltimore, Married

Place of Death, {Give street and number.} Gene Wayne Hotel

Cause of Death, {First (Primary,) Pleuropneumonia

{Second (Immediate,)

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bourbon Co Ky

Date of Burial,

C Winlock M. D.
Medical Attendant.

Undertaker, Jno. H Weaver

Place of Business, 22 W Fayette St *Address* 23 N Calhoun St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1205.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 23rd 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James A. Moore

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 26 ~~7~~ *Years,* *Months,* *Days.*

Color, White *Sex,* Married

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 424 N. Central Ave

Cause of Death, {First (Primary,) / Second (Immediate,)} Pulmonary Consumption

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem

Date of Burial, Feb 25

Undertaker, Jas P Byrne

Place of Business, 63 Front St *Address* 174 E. Eager St.

Jno. Smith Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1206.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 24th Febry

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Ann Cake

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 2 *Years,* 6 *Months,* — *Days.*

Color, white *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Britto.

Duration of Residence in the City of Baltimore, Life —

Place of Death, {Give street and number.} 42 Lond. —

Cause of Death, {First (Primary,) Malignant Scarlatina —
Second (Immediate,)

Duration of Last Sickness, 2 Days —

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetry

Date of Burial, Feb 25 1875

Undertaker, James O Byrn

Place of Business, No 63 N Front St

Lucius Henderson M. D.
Medical Attendant.

Address 133 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1207.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 23d. 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John M. Gruber

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, 53 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widower

Occupation, Cooper

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany 24 years

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 226 S. Bond St.

Cause of Death, { First (Primary,) Heart Disease

Second (Immediate,) 12 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Potters Field

Date of Burial, Feb. 25th 74

Undertaker, Henry Landers

Place of Business, 252 Canton Avenue

Thos. Kelly M. D.
Medical Attendant.

Address Penna Ave & Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1208, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Addie Eldridge

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Seven *Years,* one *Months,* twenty *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 533 N. Gay St.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 533 N. Gay St.

Cause of Death, First (Primary,) Did not see her in commencement of Sickness. Pericarditis and nephritis had been Second (Immediate,) Observed when I saw her about a month since

Duration of Last Sickness, near two months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem. *Medical Attendant.* H. H. White, M. D.

Date of Burial, Feb 25 1875

Undertaker, Chas. T. Scriven

Place of Business, No 271 N Eutaw St *Address* 350 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1209.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 22d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Mac. Elhaney.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* — *Months,* — *Days.*

Color, *Sex,* Fem.

~~Married, Single~~, *Widow* or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 50 Years.

Place of Death, {Give street and number.} 40 Church St.

Cause of Death, {First (Primary,) Apoplexy.
Second (Immediate,)

Duration of Last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Feb 24 1875

Undertaker, Joseph F Byrne

Place of Business, 59 n Liberty

R. J. H. Tall, M. D.
Medical Attendant.

Address 156 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1210,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febrary 23 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clarence J Wheeler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 17 *Days.*

Color, W *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. 11 Russell st

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 11 Russell st

Cause of Death, {First (Primary,) Congestion of Lungs
Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Feb 24th 1875

Undertaker, Except J Byrne

Place of Business, 39 n Liberty

D. H. Webster M. D.
Medical Attendant.

Address 57 Bonnet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1211.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23d February 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nellie R. Rankle

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 11 *Months,* 3 *Days.*

Color, White ~~Sex~~

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 16 Penn Street

Cause of Death, First (Primary,) Croup

Second (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County J. W. Owings *M. D.*

Medical Attendant.

Date of Burial, 25 February

Undertaker, P. A. Dill

Place of Business, 183 Columbia Street *Address* 166 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1212,

HEALTH DEPARTMENT FEB 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 22 D. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Foll.

Sex, ~~Male~~ & Female, {Cross out the word not required in this line.}

Age, 70 *Years,* 9 *Months,* 14 *Days.*

Color, White. *Sex,*

Married, ~~Single, Widow~~ & ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co. Md.

Duration of Residence in the City of Baltimore, Entire life in Balto City & County

Place of Death, {Give street and number.} 10 S. Fulton St.

Cause of Death, { First (Primary,) . Second (Immediate,) Pulmonary Complication, of long standing.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 24

{ *Undertaker,* J B Cook

{ *Place of Business,* 107 W Fayette Baltimore

John H. White M. D.
Medical Attendant.

Address 12 South Fulton St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1213,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 23rd 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Harman Henry Glaser.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* Fifteen *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 15 Walnut Al

Cause of Death, First (Primary,) Abscess Cough & Pneumonia

Second (Immediate,) Convulsions.

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary J. H. Keller M. D.

Medical Attendant.

Date of Burial, Feb 25th 1875

Undertaker, Andrew Leitz

Place of Business, 119 Druid Hill Ave *Address* 89 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1214.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febmary 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Jane Owens

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 15 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 17 Armistead lane

Cause of Death, {First (Primary,) Phthisis
Second (Immediate.)

Duration of Last Sickness, 30 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 25th

{*Undertaker,* E Stockhausen
{*Place of Business,* 348 Light St *Address* Ca Lee & Hanover Sts

O. A. Cooke *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

~~Board of Health, City of Baltimore,~~

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1215

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February ~~January~~ 23rd 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Jarman Nippard

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 5 *Years,* 2 *Months,* 2 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} B 358 N. Gay St Baltimore

Duration of Residence in the City of Baltimore, 5 yrs. 2 mo. 2 days.

Place of Death, {Give street and number.} No 76 Mc Eldery St.

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Dropsy.

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb. 25, 1875

Undertaker, Geo Lorillier

Place of Business, 214 E. Monument St.

D. Flynn Jr. M. D.
Medical Attendant.

Address 137 Orleans

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1216

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 24th February 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizebeth Weissinger

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow, Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 Years

Place of Death, {Give street and number.} No. 206 Bond st

Cause of Death, First (Primary,) Ovarian Dropsy

Second (Immediate,)

Duration of Last Sickness, 4 years & half

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Wm. L. Russell M. D.

Date of Burial, Feb 26th 1875 Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, 164 N Gay St *Address* 1 Broadway & Madison st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 1897 BALTIMORE

Permit No. 1017

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 2 1897

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Birch Connell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 118 N. Eutaw St Baltimore

Cause of Death, {First (Primary,) Pulmonia.
Second (Immediate,)}

Duration of Last Sickness, 4 Months.

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Friendship Cemetery

Date of Burial, 3 Feb

Undertaker, A Kühler

Place of Business, 512 E Fayette

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Form

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT 1875

Permit No. 1218

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 23 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Ebelein

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Potter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St Josephs Hospital

Cause of Death, {First (Primary,) Typhoid Pneumonia
Second (Immediate,) Exhaustion

Duration of Last Sickness, ~~One~~ Ten days

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery Geo. J. Corbin M. D.
Medical Attendant.

Date of Burial, Feb 25th

Undertaker, A Keller

Place of Business, 244 E Lombard st. *Address* St Josephs Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

Board of Health, City of Baltimore,

Permit No. 1219

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death, and deliver it, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 23d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Bantum

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Three *Years,* Four *Months,* *Days.*

Color, Col *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Rear of 41 East st

Cause of Death, {First (Primary,) Whooping Cough

{Second (Immediate,) Marasmus

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 25th 1875

{*Undertaker,* William N. Dangel

{*Place of Business,* No 104 East St.

E. C. Baldwin M. D.
Medical Attendant.

Address 124 n Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

Permit No. 1220,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 23rd 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Hy Dashoff

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, One *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, Two Months

Place of Death, {Give street and number.} 15 Forest St.

Cause of Death, (First (Primary,) Malignant Scarlet Fever.

(Second (Immediate,) ~~Do Do~~ Two Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, 25 February

Undertaker, J. B. Paulin

Place of Business, 66 Frederick Ave

James J. Smith M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1221,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, when filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ozelia Amelia Bauernist

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 2 *Months,* 23 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Aberdeen Harford County Md

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and number.} 546 Augusta St

Cause of Death, {First (Primary,) Acute Laryngitis

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 25th 1875

H. T. Reynolds M. D.
Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St. *Address* 186 Augusta St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1222.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helen Connery

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 3 *Years,* 4 *Months,* *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 29 Whatcoat St

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,)

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery Edwd. F. Nicholland M. D.

Date of Burial, February 26th Medical Attendant.

Undertaker, J. B. Cook.

Place of Business, N. Balto Street *Address* 279 N. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE

Permit No. 1223,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febg. 25th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Clinton Kraft

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 27 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 97 Cathedral St.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Maligna

Duration of Last Sickness, Eight Days.

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemt

Date of Burial, February 26th 1875

Louis W. Knight M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 416 Druid Hill Ave *Address* 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

Permit No. 1224

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Februa, 23d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mrs M.C. Ewing

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* 7 *Months,* 4 *Days.*

Color, White *Sex,*

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Mass

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} 79 Cathedral St

Cause of Death, {First (Primary,) Age & Debility
Second (Immediate,) Erysipelas of leg, Chronic

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt

Date of Burial, 24 Feb 1875

Chas C Donnant M. D.
Medical Attendant.

{*Undertaker,* Jacob Weaver
{*Place of Business,* 104 & 106 David Hill Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE

Permit No. 1225

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 23d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Moses Lindy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Twenty five *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, oyster opener

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Worcester Co

Duration of Residence in the City of Baltimore, Five Years

Place of Death, {Give street and number.} Eutaw St No 206

Cause of Death, First (Primary,) intermittent fever

Second (Immediate,) Bronchitis and dropsy

Duration of Last Sickness, five months

All the above information should be furnished by the Physician.

Place of Burial, Sharpe st cemetery

Date of Burial, Feb 25 1875

Undertaker, S. M. Chase

Place of Business, 1175 W Howard st *Address* Hill st No 146 Balt. Md.

L. L. Dyer M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 25 1876 BALTIMORE

Permit No. 1226.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 5 O'clock P.M. February 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Pinckney

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 14 *Days.*

Color, Colored ~~Sex~~,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 259 Montgomery Street

Duration of Residence in the City of Baltimore, 7 months and 14 days

Place of Death, {Give street and number.} 187 West Street

Cause of Death, First (Primary,) Catarrh

Second (Immediate,) ~~Spasm~~ Convulsion

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *M. M. Kroninger* M. D.

Date of Burial, Feb 25. 1876 Coroner Medical Attendant.

Undertaker, S. M. Chase

Place of Business, No 194 W Howard St. Address 98 Lee Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE

Permit No. 1227

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, carefully filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Wade

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Twenty eight *Years,* *Months,* *Days.*

Color, Dark Chestnut *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Oyster Shucker

Birthplace, {State ur country (and how long in the United States, if of foreign birth.} Accomac County Eastern Shore Va

Duration of Residence in the City of Baltimore, Fourteen Year

Place of Death, {Give street and number.} 402 X Alley

Cause of Death, {First (Primary,) Acute Laryngitis
Second (Immediate,)

Duration of Last Sickness, Seven day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 26. 1875

Undertaker, S McClane

Place of Business, No 198 S Howard St

J. F. Brown M. D.
Medical Attendant.

Address No 176 S. Howard St Balt. Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

Permit No. 1228.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 23d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Elizabeth~~ Grace Cornish

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 50 *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} 26 Penny Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Rheumatism

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Shorb's B Y

Date of Burial, Feb 26th

{*Undertaker,* S. H. Chase / *Place of Business,* 198 S. Howard St *Address*

James A Steuart M. D.
~~Medical Attendant.~~
Com of H. & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE

Permit No. 1229.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 24th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward L. Rusk.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 48 *Years,* — *Months,* — *Days.*

Color, *Sex,* White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Butcher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 48 years

Place of Death, {Give street and number.} Green Mt Ave Baltimore

Cause of Death, {First (Primary,) Carbuncle
Second (Immediate.)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feb 26 3 O'clock Pm

Edward L. Rusk M. D.
Medical Attendant.

Undertaker, George C Rodenmayer

Place of Business, 38 Eason Street *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE

Permit No. 1230,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 24

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo H. ~~Lock~~ Locker Jr

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* 2 *Months,* — *Days.*

Color, white *Sex,* male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Morocco Dresser

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt city

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} No 137 N. Front St

Cause of Death, First (Primary,) } accidentally caught in
Second (Immediate.) } machinery, ribs & thigh broken

Duration of Last Sickness, one hour + internal injuries

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Feby 27th 1875.

Undertaker, Thos S Hughes

Place of Business, 60 E Bath *Address*

Edmund R Walker M. D.
~~Medical Attendant~~
Coron N P Dist
180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 1231

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 24th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Fannie M. Randall

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Thirty *Years,* Six *Months,* Four *Days.*

Color, *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balti City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } S. E. Cor. of Canal & Wm Eden Sts

Cause of Death, { First (Primary,) Phthisis Paraplegia
Second (Immediate.) Sloughing Phagadena of Penis

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 26th 75

Undertaker, Thos J Hughes

Place of Business, 20 E Balto

W. W. White M. D.
Medical Attendant.

Address No 330 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1232

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death, unless deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 25. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Saacke.

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 45 *Years,* — 0 — *Months,* —— *Days.*

Color, white *Sex,* Widow

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hanover Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 61 N Eutaw St.

Cause of Death, { First (Primary,) Consumption

Second (Immediate.) —

Duration of Last Sickness, 18 Mo's

All the above information should be furnished by the Physician.

Place of Burial, Ball's Cemetery

Date of Burial, Feb 26 1875.

James A Steuart M. D.
~~Medical Attendant.~~

{ *Undertaker,* Geo Schutting
{ *Place of Business,* 202 Monument *Address*

Coroner's Certificate

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

by her Dr's Mailey & Mercer
No 61 N Eutaw St

Board of Health, City of Baltimore,

Permit No. 1952

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Rudolphus

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 42 years *Years,* 0 *Months,* 18 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Buderstadt (Prussia)

Duration of Residence in the City of Baltimore, since 1851

Place of Death, {Give street and number.} Vine Street 114

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,) Haemorrhage of the bowels

Duration of Last Sickness, since the 8th February

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 26th

Undertaker, ~~Jno.~~ H. Waldemeyer ~~Leufel~~

Place of Business, W Baltimore St. *Address* 224 W. Fayette Street

H. F. Reinhard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1231

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 24 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Shipley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 1 *Months,* 1 *Days.*

Color, White *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, 251 N Front St

Place of Death, {Give street and number.} 251 N Front St

Cause of Death, { First (Primary,) Convulsions

Second (Immediate,) ———

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balt City James A Shipley M. D.

Date of Burial, Feby 28 1875 Medical Attendant.

{ *Undertaker,* Wm L Redinger, Cust H & Regr

{ *Place of Business,* 102 E Monument Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

Information by Mother

Mrs Kate Shipley

Board of Health, City of Baltimore,

Permit No. 02.35.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anders Hassell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Russia

Duration of Residence in the City of Baltimore, 10 Weeks

Place of Death, {Give street and number.} Washington University Hospital

Cause of Death, {First (Primary,) Cirrhosis of Liver

{Second (Immediate,)

Duration of Last Sickness, 8 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, Febr. 25th 1875

Undertaker, Adam Heidemeyer

Place of Business, 578½ W. Baltimore St.

Geo. D. Reynolds M. D.

Medical Attendant.

Address Washington University

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

Permit No. 1236, a gain

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Aaron Elizabeth Schwarz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months.* half hour *Days.*

Color, white *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 498 Lexington St

Cause of Death, {First (Primary,) 6 months Foetus — Second (Immediate,) Premature Birth

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill G.B.G. James A Clemm M. D.

Date of Burial, Feb 25th, ~~Medical Attendant~~ Comp H & Eighth

{*Undertaker,* A. Weidemeyer

{*Place of Business,* 518½ W. Balto St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 1237

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Edward Montgomery Daniels

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Six *Years,* Three *Months,* 24 *Days.*

Color, Black *Sex,* Male

~~*Married, Single, Widow, or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~ — — — — — — — — —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Six Years. 1. Months. 24. days

Place of Death, {Give street and number.} No 182 Dallas St

Cause of Death, {First (Primary,) Scrofula

{Second (Immediate,) Hydrocephalus

Duration of Last Sickness, 11 Months and 24 days.

All the above information should be furnished by the Physician.

Place of Burial, Dallis st Burial Ground

Date of Burial, Feb 24)

{*Undertaker,* John W. Locke

{*Place of Business,* No 59 ½ Wolf st

Thomas R. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE MD.

Permit No. 1238,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 23d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Comitee

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Co Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} No 1 Croft Alley

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Pneumonia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Was an office patient did not see him after he took the pneumonia

Place of Burial, Laurel Cemetery. Elias C. Price M. D.

Medical Attendant.

Date of Burial, 25 1875

Undertaker, W. Chase

Place of Business, No 198 Howard St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE

Permit No. 1239.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 24, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John ~~Doe~~ Y. Sanders. Infant

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 5 *Days.*

Color, white *Sex,* male

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Maryland U. S.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 128 Duncan Alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Premature Birth

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 26th Feb. 1875

Undertaker, D.C. Frölich

Place of Business, 374 Canton Ave

Mrs E Bustraan M. D.
Medical Attendant.
Midwife

Address 120 Bank st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 1875 BALTIMORE

Permit No. 1240

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cornelia A. Oakford

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City of New York

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 211 Madison Ave

Cause of Death, {First (Primary,) Expansive Grief
Second (Immediate,) Congestion of Brain

Duration of Last Sickness, 33 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Saturday Feb 27/75

{*Undertaker,* R. Rennecker
Place of Business, No 92 N. Howard Street

P. L. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1241

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *when filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 25 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Nora Cornelia White

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* 23 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 151 E Balto street.

Cause of Death, First (Primary.) Tuberculor Meningitis.

Second (Immediate.)

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Feb 26th 1875

Undertaker, Thos C Hughes

Place of Business, 60 E Balto

J Ridgway Archer M. D.
Medical Attendant.

Address No 121 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE

Permit No. 1242,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 24th February 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Thompson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} 267 East Monument Ave

Cause of Death, First (Primary,) Heart disease

Second (Immediate,) Paralysis

Duration of Last Sickness, Last Year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount.

Date of Burial, February 25th 75

Milton A Taylor M. D.
Medical Attendant.

Undertaker, Wm. H. Wiseman

Place of Business, 234 S. Gay St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1213.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John Newman Noon

~~Sex~~, *Male* ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 19 *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,* Male

~~Married~~, *Single,* ~~Widow or Widower~~ {Cross out the words not required in this line.} Single.

Occupation, Teamster

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co.

Duration of Residence in the City of Baltimore, Fifteen years.

Place of Death, {Give street and number.} No. 3 Morris Alley Court.

Cause of Death, {First (Primary,) Pneumonia, Pleurisy & Ac. Artic. Rheum. {Second (Immediate,) Asthenia:

Duration of Last Sickness, Twenty four days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery.

Date of Burial, Feb 25th 1875

W. E. Moseley M. D.
Medical Attendant.

{*Undertaker,* Wm. A. Dungle
{*Place of Business,* No 104 East *Address* 169 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie Webb

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* 6 *Months,* 12 *Days.*

Color, Colored *Sex,* Male

~~*Married, Single,* Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} No 2. St Thos Court

Cause of Death, {First (Primary,) Phthisis Pulm —
Second (Immediate.)

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery — Geo. B. Reynolds — M. D.
Medical Attendant.

Date of Burial, Feb 25th 1875

{*Undertaker,* Wm H. Deuzer *Address* Washington University —
{*Place of Business,* No 104 East st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1245,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie Maud Wheeler.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* — *Days.*

Color, *Sex,* Fem.

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, 9 Mo.

Place of Death, {Give street and number.} 136 Cross St.

Cause of Death, First (Primary,) Pneumonia,

Second (Immediate,) Exhaustion,

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, 26th February

Undertaker, Frank. N. Trolle

Place of Business, 90 S. Howard St.

K. J. N. Tall, M. D.
Medical Attendant.

Address 138 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1246,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death occurs, if required, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 23. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugenia Coy

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* 3 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 416 S. Choptank St

Cause of Death, {First (Primary,) Second (Immediate,)} Cerebro Spinal Congestion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Feb 26th 1875

{*Undertaker,* Hughes & Co
Place of Business, 65 S Broadway

G. Glanville Rusk M. D.
Medical Attendant.

Address Balt & Washington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1247.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 23th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adeline J. Ward

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Not Known

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co. Md.

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and number.} No. 9 Erwin Place

Cause of Death, First (Primary,) Cerebritis

Second (Immediate.) softening of brain

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Feb 27th 1875 E. P. Bons M. D.

Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 658 Broadway Address No. 406 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Board of Health, City of Baltimore,

Permit No. 1248. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 24" 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Zebra Tower

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city Md.

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} 432 Eastern ave.

Cause of Death, {First (Primary,) / Second (Immediate,)} Puerperal Convulsions

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Methodist Country P. Bd

Date of Burial, Feb. 26

R. W. Mansfield *M. D.* Medical Attendant.

Undertaker, Mendelsin Disput

Place of Business, 151 S. South Bond st. *Address* 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1249.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carroll Shipley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~2~~ 3 *Years,* 4 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland -

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 419 Franklin St.

Cause of Death, {First (Primary,) Scarlet. Fever - / Second (Immediate.) Pyemia

Duration of Last Sickness, 7 weeks -

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. W. H. Curry *M. D.* Medical Attendant.

Date of Burial, Feb 26th 1875

Undertaker, Jacob Weaver *Address* 318. N. Fremont St -

Place of Business, No 486 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1250

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 25th 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Schmidt,

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 *Years,* 5 *Months,* 3 *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 18 N. Republican St.

Cause of Death, { First (Primary,) Catarrhal Fever,
Second (Immediate,) Six Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem. John J. Ritz M. D.

Date of Burial, Feb 26th Medical Attendant.

Undertaker, S. S. Cook

Place of Business, 701 W Baltimore St. *Address* 273 W Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1257

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 23d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Roberta DuBuisson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Four *Years,* *Months,* Sixteen *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bons Rivs St. D.

Duration of Residence in the City of Baltimore, two years

Place of Death, {Give street and number.} 301 N. Amn Lt

Cause of Death, First (Primary,) Malignant Exulation

Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 26th 75

Undertaker, Crusty

Place of Business, 54 N Broadway *Address* 300 N. Broadway

W. H. White, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1252

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 25th, 1875. at 7 o'clock a. m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Werner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 5 Months, 17 Days.

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, State of Maryland.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 263 Alice Anna St.

Cause of Death, {First (Primary,) ~~Convulsions~~ & General bad health.
{Second (Immediate,) Internal Convulsions.

Duration of Last Sickness, Since Birth, general bad health Convulsions, two days.

All the above information should be furnished by the Physician.

Place of Burial, Mayer Cemetery

Date of Burial, 26th February

Undertaker, John C. Schuck

Place of Business, 265 Aliceanna St

John H. Rehberger, M. D.
Medical Attendant.

Address 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1253.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 24th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Wooden

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 4 *Months,* — *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Cty

Duration of Residence in the City of Baltimore, 4 Mo

Place of Death, {Give street and number.} 326 Park Ave

Cause of Death, {First (Primary,) Strangulated Hernia-

{Second (Immediate,) Peritonitis

Duration of Last Sickness, 36 Hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmen cemetery

Date of Burial, February 27, 1875

Geo L Fleming Jun M. D.
Medical Attendant.

Undertaker, C H Blizzard

Place of Business, 187 Canvas st near Druid Hill av *Address* 210 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 24th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Patrick Hall

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 42 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Trader

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, { Give street and number. } No. 181 Chapel St.

Cause of Death, { First (Primary,) Pneumonia / Second (Immediate,)

Duration of Last Sickness, 12 Days.

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, 26 of February

M. D.
Medical Attendant.

Undertaker, Jas P. Byrne

Place of Business, 13 N. Paca St *Address* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1255.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Tarring

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 2 Yrs

Place of Death, {Give street and number.} 212 E Pacca St

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,)

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Feb 27 1875

Undertaker, John S Mackie

Place of Business, No 150 Camden

Jas Hunter *M. D.*
Medical Attendant.

Address 76 E Pacca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 1256

Permit No. 1256

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Kenel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Forty four *Years,* *Months,* *Days.*

Color, B *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Head Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Forty four years

Place of Death, {Give street and number.} No 153 East St.

Cause of Death, First (Primary,) Pthisis

Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 26th 1875

Undertaker, William N. Dungee

Place of Business, No 104 East St.

C. M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB. 25, 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Boles

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, col *Sex,*

Married, ~~Single,~~ ~~Widow~~ *or* ~~Widower~~; {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queen Anne Co. Md

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} Stirling st 2

Cause of Death, {First (Primary,) Consumption

{Second (Immediate.)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 27th 1875

{*Undertaker,* William A Dunger

{*Place of Business,* no 104 East st

E. C. Baldwin M. D.
Medical Attendant.

Address 124 n Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 1258 (1258) OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in h last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 24th February 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Thompson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Cooper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lancaster Co Pa

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} No 130 N Spring st

Cause of Death, {First (Primary,) Heart Disease
{Second (Immediate,) old age

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 28th 1875

Undertaker, William N Dunger

Place of Business, No 104 East St

Wm. L. Randall M. D.
Medical Attendant.

Address Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1259,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febreary 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard P Dunkerly

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 92 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Machinist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England.

Duration of Residence in the City of Baltimore, Seventy five years

Place of Death, {Give street and number.} 104 Washington Ave!

Cause of Death, First (Primary,) Old Age

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, June 27

Undertaker, P B Cook

Place of Business, No 707 W Baltimore St

W. S. Kegeles M. D.
Medical Attendant.

Address 845 W Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1260,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death, when practicable, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 26th of Feb. 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} George Riedel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bamberg (Navaria, Germany)

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} Corn. of Bank & Chapel

Cause of Death, {First (Primary,) Scarlatina typhoides / Second (Immediate,) Oedema pulmonum

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Feb. 27th 49. m

Undertaker, J. Fred Braun

Place of Business, 99 N. Wolfe St. *Address* 245 S. Eutaw st.

J. Patrick M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1261.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Februar 25th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretha Lindenstruth

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 2. *Years,* *Months,* 20. *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Nord Canal Nr 59

Place of Death, {Give street and number.} N. Canal Nr 59.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Angina Gangrenosa

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Balt. County

Date of Burial, Feb. 26. 75

Undertaker, Ch Hornig

Place of Business, 136 E Fayette

Address

Chas M Perille M. D.
Medical Attendant.
N. 88. E. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1262.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 24 '75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Pyles

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 20 *Years,* —— *Months,* *Days.*

Color, mulatto *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Barbadoes W. Indies

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 37 S High St

Cause of Death, { First (Primary,) / Second (Immediate.) } Heart Disease probably

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, Feb 26, 1875

Undertaker, M. Donovan

Place of Business, 6 Bank St

Edmund Walker M. D.
~~Medical Attendant~~
Coron for P. Dist

Address 180 Linden ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1213,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febr. 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susana B. Hill

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 56 *Years,* 7 *Months,* 10 *Days.*

Color, white *Sex,* female

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, house wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 241 S. Ann St.

Cause of Death, { First (Primary,) Bronchitis
Second (Immediate.)

Duration of Last Sickness, 45 days

All the above information should be furnished by the Physician.

Place of Burial, Mayer Cemetry

Date of Burial, 28 Febrary

{ *Undertaker,* John C. Gluck
Place of Business, 165 Aliceanna

A. F. Erich M. D.
Medical Attendant.

Address 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12624

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 9½ P.M. Wednesday Feb. 24th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Justus C. Gude

~~Sex~~, *Male or* ~~Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 94 S. Paca Street.

Cause of Death, {First (Primary,) Chronic Rheumatism
Second (Immediate,) Effusion on the Brain

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery.

Date of Burial, February 28th 1875.

I. N. Butler M. D.
Medical Attendant.

Undertaker, W. H. Keavy.

Place of Business, 22 N. Paca St. *Address* 144 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1265

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 24th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes McLaughlin

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 6 *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation, Baby

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 years 1 month & 6 days

Place of Death, {Give street and number.} 230 Chestnut St

Cause of Death, First (Primary,) Tubercular Diathesis

Second (Immediate,) Tubercular Meningitis

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Cath Cemty

Date of Burial, Feb 26th 1875

Undertaker, Jos F Byrne

Place of Business, 5 Jn Liberty St *Address* 5 Franklin St.

John Morris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 1266

Board of Health, City of Baltimore,

Permit No. 1266.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 26th Feb 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Sally

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 33 *Years,* *Months,* *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Domestic

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, about 20 years

Place of Death, { Give street and number. } 23 S. Front St

Cause of Death, { First (Primary,) Chill fever / Second (Immediate,) Stricture of urethra with retention of urine

Duration of Last Sickness, About 48 hours.

All the above information should be furnished by the Physician.

Place of Burial, St Vincent's

Date of Burial, 27th or 28th Feb

Undertaker, Geo Rhodenbaugh

Place of Business, 100 Aisquith St. *Address* 111 E. Chase St

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 1267

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 25th February 6 o'clock morning

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Daniel Roth

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* 1 *Months,* 15 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carriage Painter

Birthplace, {State nr country (and how long in the United States, if of foreign birth.} Hanover, Prussia, Germany 39 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S. Bethel Street 186

Cause of Death, {First (Primary,) Pleuritis / Second (Immediate,) Hydrothorax

Duration of Last Sickness, 43 Days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetary

Date of Burial, 27th Feb 1875

{*Undertaker,* George Fockler

{*Place of Business,* 339 Canton Av

William Henkel M. D.
Medical Attendant.

Address S. Wolfe st. 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1218

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 25th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Marie Jane Pulley

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Two *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Child

Occupation, Nothing

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City Maryland

Duration of Residence in the City of Baltimore, Dieing life

Place of Death, { Give street and number. } Gaderthall st No 14

Cause of Death, { First (Primary,) Hooping Cough

{ Second (Immediate,) Pyalysis

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 27th 75

{ *Undertaker,* John B. Williams

{ *Place of Business,* 127 Eo st

J. D. Dyer *M. D.*

Medical Attendant.

Address Hill st No 146 Baltimore md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1269.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25, 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 25th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Wirts

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Fort city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 242 E Pacca St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Congestion of Brain

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Febr. the 27th 1875

Undertaker, Ph. F. Dill

Place of Business, 183. Columbia St.

Jos Kinney M. D.
Medical Attendant.

Address 76 Pacca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1270.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately~~ *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 26th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eunice Ekrington Farrington

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 91 *Years,* *Months,* *Days.*

Color, White

Sex, Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, Nurse

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Connecticut

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} Aged Womens Home No - Lexington

Cause of Death, {First (Primary,) Old Age

{Second (Immediate,) Arterial degeneration &c.

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem H. R. Noel M. D.

Date of Burial, Saturday Feb. 27th Medical Attendant.

{*Undertaker,* H. W. Jenkins Son

{*Place of Business,* 16 Light st. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1291

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Henry Middleton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 7 *Months,* ——— *Days.*

Color, Colored *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Williams C. Baltimore City

Duration of Residence in the City of Baltimore, 7 Months

Place of Death, {Give street and number.} 188 Raburn St

Cause of Death, {First (Primary,) Pertussis

{Second (Immediate.) Meningitis

Duration of Last Sickness, 7 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb 26 1875

{*Undertaker,* John C Jordan

{*Place of Business,* 63 Park Ave

J. A. Gillis M. D.
Medical Attendant.

Address 23 N. Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1272

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 26th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Godfrey Harrigan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 85 *Years,* 4 Months *Months,* 26 Days *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Stone mason

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 54 W. Henry St

Cause of Death, {First (Primary,) Old age
Second (Immediate,)

Duration of Last Sickness, was not under the care of a Physician.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 28th Feb 2 o'clock p.m.

Undertaker, A. Weidemeyer

Place of Business, Store. Mason

J. H. Keller. *M. D.*
Medical Attendant.

Address 89 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1273,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Z. Tracy Brandt,

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 14 *Days.*

Color, — *Sex,* Fem

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 6 mos

Place of Death, {Give street and number.} 388 William St

Cause of Death, {First (Primary,) Convulsions

{Second (Immediate,)

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Feb 27th 1875

Undertaker, Smithers Lem

Place of Business, 263 Eighth

R. J. N. Tall M. D.
Medical Attendant.

Address 158 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1274. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 26 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. B. Odenyan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* Nine *Months,* —— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 25 Hampstead Lane

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, Twelve hours.

All the above information should be furnished by the Physician.

Place of Burial, St Patrick.

Date of Burial, Feb 27 1875

W. W. White, M. D.
Medical Attendant.

Undertaker, Chas A Byrne

Place of Business, 63 Front St *Address* 350 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1275,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 26 - 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daria L. Mahoney

~~Sex~~, *Male or* ~~Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Fireman B & O R R Co,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Fredk Co,

Duration of Residence in the City of Baltimore, 4 Yrs

Place of Death, {Give street and number.} 47 S. Oregon St.

Cause of Death, First (Primary,) Injuries recd by Engine upsetting

Second (Immediate,) Scald & Comminuted fracture of right thigh.

Duration of Last Sickness, 6 hours after injury

All the above information should be furnished by the Physician.

Place of Burial, Redwood Ave

Date of Burial, Feb. 27 1875

Undertaker, Wm J. Pickner.

Place of Business, 65 S. Eutaw

John Neff M. D.
Medical Attendant.

Address 558 N. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1276,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Groge Albert McElroy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 3 *Months,* ——— *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 55 N. Belmont

Cause of Death, First (Primary,) Scarlatina Maligna

Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, F. 28th 1875.

Louis W. Knight M. D.
Medical Attendant.

Undertaker, Andrew Leitz

Place of Business, 118 Druid Hill Ave *Address* 112 N. Greene St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 1277

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1277

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 26 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Locks

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 8 Months, Days.

Color, Col Sex, Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} N. 95 Davis st Balto

Duration of Residence in the City of Baltimore, 8 M.

Place of Death, {Give street and number.} N. 95 Davis st Balto

Cause of Death, First (Primary,) Teething

Second (Immediate,) Convulsions

Duration of Last Sickness, 48 hrs

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 28th

Undertaker, John Locks

Place of Business, No 19 S. Hughes

A H Patterson M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1278.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 26th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Cassidy

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Grocer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 52 South Frederick St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Acute Suppurative Nephritis.

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Burying Ground

Date of Burial, March 1st. 1875

Undertaker, Jas. P. Byrne

Place of Business, 63 N. Front St.

John Morris M. D.
Medical Attendant.

Address 5 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 1279

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death, if required, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 26th '75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Murphy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Restaurant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 24 yrs

Place of Death, {Give street and number.} 151 S. Charles st.

Cause of Death, {First (Primary,) Bronchitis

Second (Immediate,)

Duration of Last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 1st

Undertaker, Jno. F. Byrne

Place of Business, 63 N. Front st

John F. Monnerie M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

1280

Permit No. 1280.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John Patterson Bixler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Three *Years,* Four *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} No. 81 N Sticker St.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olive Cem

Date of Burial, Feb 27th 1875

Undertaker, Jacob Weaver

Place of Business, No 486 Druid Hill Avenue *Address*

Jane Proctor

James G. Smithson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

1281

Permit No. 1281,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 26th 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ellen Mc. Dermott

Sex, Male or Female, { Cross out the word not required in this line. } Female.

Age, *Years,* *Months,* one & 1/2 *Days.*

Color, *Sex,* White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 44 Canton Ave

Cause of Death, { First (Primary,) / Second (Immediate,) } From a fall at hill- Causing fracture of bone at middle of thigh

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Feb 27

A H Stoltz *M. D.*
Medical Attendant.

{ *Undertaker,* J B Poole
{ *Place of Business,* No 707 Alley

Address 343 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1282

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death, if called, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26th of February 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Louise Weide (Wéie)

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.* 1 day

Color, *Sex,*

Married, ~~Single,~~ ~~Widow~~ or ~~Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Strasburg

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 176 Eager Str.

Cause of Death, First (Primary,) Dropsy.
Second (Immediate.)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balti Cemetery

Date of Burial, Feb 29th

Undertaker, Geo Shilling

Place of Business, Cor Ausgusta & Monument *Address*

Fred. Hess. M. D.
Medical Attendant.
Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1283.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26th Febuary 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George W Schneider

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, W *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty five years

Place of Death, {Give street and number.} 412 S. Charles st

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate.) "Five years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, March 1

Undertaker, H. Brickle

Place of Business, Hanover St 81

H. N. Webster M. D.
Medical Attendant.

Address 57 Burnet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1284,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death occurs, if possible, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Night of February 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John A. Forsyth

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, fifty two *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Policeman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Arundel Co Maryland

Duration of Residence in the City of Baltimore, twenty-five years

Place of Death, {Give street and number.} Camden street

Cause of Death, First (Primary,) Fell down a stairway

Second (Immediate,) braking his neck and fracturing his skull.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt-County

Date of Burial, Feb 28/74

Undertaker, Armstrong & Denny

Place of Business, 263 Light St

M. W. Dennis M. D.

Medical Attendant.

Address 98 Lee st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1285.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 26th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Berghausen.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, one *Years.* —— *Months,* —— *Days.*

Color, White *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington. D.C.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 59 Gough. Dto.

Cause of Death, First (Primary,) Scarlet fever —
Second (Immediate.) do — a

Duration of Last Sickness, about one week —

All the above information should be furnished by the Physician.

Place of Burial, Washington City

Date of Burial, February 27 1875

Undertaker, Michael Funk

Place of Business, 35 Bank St

H. C. Dohme. — M. D.
Medical Attendant.

Address 86. S. Fayette. Dto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(39)

Board of Health, City of Baltimore,

Permit No. 1286,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 24th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katharina Friederich

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, eight Months, two Days.

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} N. 224 Chapel St

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Convulsions

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 26th 1875

Undertaker, Geo. Schilling

Place of Business, No 212 E. Monument St

C. F. Frauenthal M. D.
Medical Attendant.

Address N. 187 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1287.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wilson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 0 *Years,* — *Months,* 9 *Days.*

Color, Col'd *Sex,* Male.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, 9 ds

Place of Death, {Give street and number.} 233 Hanover St.

Cause of Death, {First (Primary,) Trismus Nascentium.
{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 26 1875

Undertaker, S. M. Chase

Place of Business, No 198 Hanover St.

R. J. Hall M. D.
Medical Attendant.

Address 158 S. Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1288

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Welsh

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 5 *Years,* 10 *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} No 7 Pine st near Baltimore st

Cause of Death, {First (Primary,) Whooping cough / Second (Immediate,) Convulsions

Duration of Last Sickness, abt four weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, February 28 1875

James A Steuart M. D.
Medical Attendant

Undertaker, H Blackistone & Son

Place of Business, 606 W Balto St. *Address* Cor of Howard & Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 1289.

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 1289.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 26th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August Albrecht

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45. *Years,* 11. *Months,* 20. *Days.*

Color, W.C. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Lay Brian

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Brunswick Germany

Duration of Residence in the City of Baltimore, 19 Yrs.

Place of Death, {Give street and number.} No. 106 Columbia St.

Cause of Death, {First (Primary,) Tetanus traumatic
Second (Immediate,) Exhaustion

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Lutheran Cemetery Druidhill Park

Date of Burial, Feb. 28th 75

C. L. Buddenbohn M. D.
Medical Attendant.

{*Undertaker,* Adam Weidemeyer
{*Place of Business,* No. 578½ W. Baltimore St. *Address* 106 Columbia St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1290,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 27th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Amy Lindeman

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, eleven Months, 17 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 1256 North Eutaw Avenue

Cause of Death, { First (Primary,) Meningitis
Second (Immediate,) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, February 28 1875

Undertaker, Chas. J. Koop

Place of Business, 39 Central Ave

C. J. Kuntzmann, M. D.
Medical Attendant.

Address 1256 N. Eutaw Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

1291

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1291.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb: 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary: Ellen Conyers

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 1 *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 65 Watson St;

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 7 Le Roy's Ct;

Cause of Death, {First (Primary,) / Second (Immediate,)} Scrofula

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 28th 1875

W. B. Griffith *M. D.*
Medical Attendant.

{*Undertaker,* John C Gordon
Place of Business, 1063 Park Av.

Address 117 Madison St. S. W. Corner Park Av:

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

1292

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1292

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 27th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Alberta Patterson,

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Two *Years,* Eight *Months,* Twenty-seven *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 1 Ringold Street.

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Inflammation of brain

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 28th 1875

Undertaker, John Thacher

Place of Business, No 150 Camden

Emil J. Elderdice M. D.
Medical Attendant.

Address 15 N. Howard Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

1293

Board of Health, City of Baltimore,

Permit No. 1293, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Maria Burges

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 77 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} *Sex,* Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany (70 yrs)

Duration of Residence in the City of Baltimore, 70 Years

Place of Death, {Give street and number.} No 202 S Paca

Cause of Death, First (Primary,) Fatty degeneration of heart

Second (Immediate,)

Duration of Last Sickness, One week the same

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 27th 1875

Undertaker, John S Martin

Place of Business, No 150 S. Paca *Address*

J. H. Hennes *M. D.*
Medical Attendant.
76 Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1294

...n of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 1294

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 26 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} "Robert" - Foundling

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 8 weeks ~~Months~~, *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St. Vincents Foundling Asylum

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Old Cathedral

Date of Burial, Feby 27 1875

Undertaker, Wm. Culbert Bros

Place of Business 75 W. Calvert St

Marbury Brown M. D.
Medical Attendant.

Address 201 W. Biddle Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1295.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Walter W.~~ Downing

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 30 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Bricklayer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 103 N. Pine near Fayette

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, About 18 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery.

Date of Burial, July 28th 1875.

D. P. Hoffman M. D.
Medical Attendant.

Undertaker, A. & H. Weaver.

Place of Business, 22 N. Fayette St. *Address*

279 N. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1296

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1895 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 25. 1895.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Jackson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 11 Months, 11 Days.

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balti. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 18 Harmony Lane

Cause of Death, First (Primary,) Whooping Cough.

Second (Immediate.) Spasms

Duration of Last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet St.

Date of Burial, Feb 27 1895

Undertaker, Wm. J. Gray

Place of Business, 63 Mulberry St

James A. Clement M. D.

~~Medical Attendant.~~

Comm of H. & Registrar

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Information by Mother

1297

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1294

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 27th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Howell

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, _____ *Years,* Three *Months,* _____ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore - Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 218 Pierce St.

Cause of Death, First (Primary,) Capillary Bronchitis with Pneumonitis

Second (Immediate,) Asphyxia.

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb 28th 1875

Undertaker, Henry H. McCabe

Place of Business, 64 N Jay St

William H. Murray M. D.
Medical Attendant.

Address Cor. Patterson ave. & Strieker St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

1298

Board of Health, City of Baltimore,

HEALTH DEPARTMENT FEB 1875 BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1298.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William T. Jones.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* — *Months,* — *Days.*

Color, *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laborer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Somerset Co. Md.

Duration of Residence in the City of Baltimore, 14 years.

Place of Death, {Give street and number.} 106 Cross. St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis. / Second (Immediate,)

Duration of Last Sickness, Four Months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb. 28th

{*Undertaker,* F. N. Troll / *Place of Business,* 90 S. Howard

D. J. H. Tall M. D.
Medical Attendant.

Address 158 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

1299

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1299.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mellon C. Fairman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* Eleven *Months,* Twenty six *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} # 320 N. Eden

Duration of Residence in the City of Baltimore, Eleven Months & Twenty six days

Place of Death, {Give street and number.} # 320 N Eden St

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, North Eastern burial Ground

Date of Burial, February 27th 1875

Undertaker, Wm H. Hickman

Place of Business, 234 E. Bay St.

A. Norman M. D.

Medical Attendant.

Address # 305 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

1300

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1300

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gibson W. & Frances A. Farnian

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 00 *Years,* 0 *Months,* 0 30 Minutes *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 320 N Eden St

Duration of Residence in the City of Baltimore, Thirty Minutes

Place of Death, {Give street and number.} 320 N° Eden

Cause of Death, First (Primary,)

Second (Immediate.) Premature birth at six months

Duration of Last Sickness, He breathed about thirty minutes

All the above Information should be furnished by the Physician.

Place of Burial, South Eastern Burial ground

Date of Burial, February 27th 1875

Wm. H. Hartman M. D.
Medical Attendant.

Undertaker, Wm. H. Hackman *Address* 305 N Caroline St

Place of Business, 234 N. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

1301

Permit No. 1301, OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 27th. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Bain

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and number.} No 590 Light Street

Cause of Death, {First (Primary,) Scarlatina

Second (Immediate,) Dropsy

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Feb 28th 1875

Undertaker, C F Krause

Place of Business, 209 Hanover St *Address* 306 N. Eutaw St

Chas M Taft M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

9

1302

Board of Health, City of Baltimore,

Permit No. 1302

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 26th, 1875 at 11 o'clock P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Miller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 12 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 245 Alice Anna St.

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Convulsions

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, 5th G. Reform B. G

Date of Burial, Feb 28th 1875

Dr. John H. Rehburg M. D.
Medical Attendant.

Undertaker, Henry Zeis

Place of Business, 252 Alice Anna St *Address* 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ial Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

1308

Permit No. 1303, OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Celia Lavinia Shennonte

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, white *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 480 W Lexington St.

Cause of Death, {First (Primary,) Phthisis / Second (Immediate,) Hemorrhage Pulmonary

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Batto Cemetery

Date of Burial, Feb 28th 1875

{*Undertaker,* Jos. Doan / *Place of Business* 568 W Batto St. *Address* 89 N Green St.

L. G. Keller. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

1304

Board of Health, City of Baltimore,

Permit No. 1304

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marion Hall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* [illegible] *Months,* [illegible] *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard County

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number.} 111 S Boyd St

Cause of Death, {First (Primary,) Lockjaw Tetanus

{Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Lemert Cemetery

Date of Burial, Feb 27 1875

A. W. Cotton M. D.
Medical Attendant.

Undertaker, S. H. Chase

Place of Business, Wash & Howard Sts *Address* 166 W. Pacca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1305

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 25th February 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Martin

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 90 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation, Wash woman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot County Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} No 5 N Spring st

Cause of Death, {First (Primary,) Asthma & Heart disease / Second (Immediate,) Old age

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Lovirl cemetery

Date of Burial, Feb 28) 75

Undertaker, John N. Lake

Place of Business, 59. S. Wolf st

Wm. L. Russell M. D.
Medical Attendant.

Address 1 Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

1306

Board of Health, City of Baltimore,

Permit No. 1306.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 27 Feb 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Denis Joseph Hays

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 13 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State of country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 2935 Chas

Cause of Death, First (Primary,) Catalepsy Convulsions,

Second (Immediate.) 6 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Febr 28

Undertaker, J B Cook

Place of Business, No 707 W Pr

L H Mac M. D.
Medical Attendant.

Address 152 Hanover
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1307.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 26

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Randolph Griffin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* One *Months,* twenty one *Days.*

Color, Mulatto *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Seven weeks

Place of Death, {Give street and number.} 38 Rhaborg St.

Cause of Death, {First (Primary,) Bronchitis / Second (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 28. 1875.

Undertaker, S. W. Chase

Place of Business, No 19 N. Howard St

T. A Ashby M. D.
Medical Attendant.

Address 96 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 1308. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Drinhof

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 69. *Years,* 6 — *Months,* — *Days.*

Color, White *Sex,* Male.

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria. Germany.

Duration of Residence in the City of Baltimore, about 30 years.

Place of Death, {Give street and number.} 19 Somerset: alley.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) do —

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Ch.

Date of Burial, March 1st 1875

Undertaker, A. Keck

Place of Business, 309 Central Ave. *Address* 86 E. Fayette

G. W. Dohme. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1309

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27th February 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Benjamin Franklin Vandoran

Sex, Male or Female, {Cross out the word not required in this line.} Male (!)

Age, 29 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male (!)

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Blacksmith.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wilmington Del.

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 174 Druid St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, March 1st 1875

A. H. Littell M. D.
Medical Attendant.

Undertaker, Chas J Scriven

Place of Business, 271 N. Eutaw *Address* 221 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1210 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} William H. Moore

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 15 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 75 S. Chester St.

Cause of Death, First (Primary,) Chronic Croup.

Second (Immediate,) Suffocation

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 1st 1875

Undertaker, Henry H. Mears

Place of Business, 64 N. Frey St

G. Winnicke, Jr. M. D.
Medical Attendant.

Address Baltimore, Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1311

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H Phelps

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* 6 — *Months,* 5 *Days.*

Color, *Sex,*

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Detective

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York City —

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} No 1 N Howard St —

Cause of Death, {First (Primary,) Albuminuria — Second (Immediate,) Uraemia — —

Duration of Last Sickness, About three months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 1st 1875

Undertaker, Henry W. Mears

Place of Business, 64 N. Gay St

D. S. Rae M. D.
Medical Attendant.

Address 89 Mulberry St —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1312

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Brandel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Fifty five *Years,* [illegible] *Months,* [illegible] *Days.*

Color, [illegible] *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Coach Trimmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number.} No 339 Stanford Row

Cause of Death, { First (Primary,) Phthisis
Second (Immediate.) [illegible]

Duration of Last Sickness, Seven Years

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, ~~Feb~~ March 2d

Undertaker, Jas P Byrne

Place of Business, 63 Front st *Address* [illegible]

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1313.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Boehndeine

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 5 *Days.*

Color, white *Sex,* male

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 39 Cambridge St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Spasms

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Feb 29th 1875

{*Undertaker,* John Braun / *Place of Business,* 77 S Wolf St.

Thos Adams M. D.
Medical Attendant

Cor Fifth & Register
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Above Information from Undertaker

Board of Health, City of Baltimore,

Permit No. 1314

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 28,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Harry Leroy Patterson,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* — — — — *~~Months~~,* Fourteen *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} No 1 Ringold Street.

Cause of Death, {First (Primary,) Scarlet fever

{Second (Immediate,) Inflammation of Brain

Duration of Last Sickness, Nine (9) days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 1st 1875

{*Undertaker,* John L Thacker

{*Place of Business.* No 150 Camden *Address* No. 157 N. Howard St

Ernst Schneider M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1315

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sunday Febry 28th. 75.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Ballauer.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female.

Age, 51 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female.

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.} Married

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Brunswick Germany.

Duration of Residence in the City of Baltimore, 25 years.

Place of Death, {Give street and number.} 195 Orleans Street

Cause of Death, { First (Primary,) Gastritis
{ Second (Immediate,) Diarrhoea & Ulcerative Enteritis

Duration of Last Sickness, Eight Days

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetary

Date of Burial, March 2th 1875.

Undertaker, Geo. Power.

Place of Business, 94 W. Pratt Street.

Address 29 South Sharp Street

Signature of Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1316.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 1 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Susan Almert

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, White *Sex,* female

Married, ~~Single~~, ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Care of home & family

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, from birth

Place of Death, {Give street and number.} Corner of Bolton & Madison Sts

Cause of Death, {First (Primary,) General deterioration
Second (Immediate.) Cardiac or Cardiac congestion

Duration of Last Sickness, Several months or longer

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 1st 1875

Undertaker, Jno H. Weaver

Place of Business, Fayette St

Carl Whitte M. D.
Medical Attendant.

Address 111 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1317,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 27th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Hitchcock

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 62 years

Place of Death, {Give street and number.} 242 N. Charles St

Cause of Death, First (Primary,) Rheumatism of heart. Died

Second (Immediate,) suddenly having been afflicted for 18 yrs with Rheumatism

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green mount

Date of Burial, March 1st

Undertaker, Jno H. Weaver

Place of Business, Fayette St

Edwin Lewis M. D.

Medical Attendant.

Address 59 Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1318,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helen Gallagher

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 15 *Years,* *Months,* *Days.*

Color, White, *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} Cor Mar Cathedral,

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem'y

Date of Burial, Feb 28th 1875

{*Undertaker,* Jos F. Byrne

{*Place of Business,* 59 n Liberty st.

Edw. Lemmon M. D.
Medical Attendant.

Address 59 Cathedral

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1319. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 27th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Oliver Webb

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, Brown Skin *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 85 Druid Hill Ave

Cause of Death, First (Primary,) Pneumonia Complicated with Tubercular Meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, ~~Green~~ Sharp St Cemetery

Date of Burial, March 1st 75

Undertaker, Wm J Good

Place of Business, 65 Mulberry St

J. H. Keller M. D.
Medical Attendant.

Address 89 N Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1320.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John Delaware Brooks

~~Sex~~, *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* + *Months,* + *Days.*

Color, Negro - nearly Black *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Preacher -

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert Co. Md

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} 94 Dover St

Cause of Death, First (Primary,) Various Chronic ailments

Second (Immediate,) Bronchitis

Duration of Last Sickness, Had been sick for years - Bronchitis lasting 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 3d 1875

Undertaker, Wm James Gray

Place of Business, 66 Mulberry St

Address

Wm Carey Hume M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1321.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 27 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Henry Stuart

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 0 *Years,* 0 *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.o City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} W. 3 Stockton st

Cause of Death, First (Primary,) Croup.

Second (Immediate,) Convulsions

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Shart St.

Date of Burial, 28 Sept. 75

Undertaker, Wm. J. Grant

Place of Business, 65 Mulberry st *Address*

Thomas A Stuart M. D.
Medical Attendant

Capt H. Rumsey

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Information given by father
Chas Wm Henry Stuart

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1322,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Morris

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* 6 *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 9 St. Dame's Street

Cause of Death, First (Primary,) Croup

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 1st 1875

Undertaker, William A Dungee

Place of Business, No 107 East st.

David Cook *M. D.*
Medical Attendant.

Address 29 S. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1323

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, . February 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} . Thomas Henry Wise

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} . Baltimore City

Duration of Residence in the City of Baltimore, . 1 Years & 1 Month.

Place of Death, {Give street and number.} . 111 N. Gilmor St

Cause of Death, { First (Primary,) . Scarlet. Fever
Second (Immediate,) . Dropsy

Duration of Last Sickness, : One Month.

All the above information should be furnished by the Physician.

Place of Burial, . Laurel Cemetery

Date of Burial, . March 1st 2 P.M. . Dr. Grayson . M. D.
Medical Attendant.

{ *Undertaker,* . Wm N. Zunger
Place of Business, No 104 East St *Address* 18 Asquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1324.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 1 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A Elder

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 37 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and number.} 112 Aisquith [illegible]

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, about 3 year

All the above information should be furnished by the Physician.

Place of Burial, Loud Town [illegible]

Date of Burial, March 3rd 75

Undertaker, Michael Frayne

Place of Business, No 250 Eastern Ave

Address 139 N. Exeter St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1325

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 28th, 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helen Stewart Wilmer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Twenty nine *Years,* Four *Months,* — *Days.*

Color, *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 316 McDonogh St

Cause of Death, First (Primary,) Bright's disease

Second (Immediate.) Uremia

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 2nd /75

Undertaker, Geo. Schilling

Place of Business, No 212 E Monument St *Address*

W. B. White, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1326

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George W Gerlach

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Infant

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 122 N Paca

Cause of Death, First (Primary,) Pneumonia

Second (Immediate.)

Duration of Last Sickness, 27 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 1st 1875

Undertaker, John Mercher

Place of Business, No 156 Camden *Address* 76 Hanover St

Jas Kenny *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1327.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leonard Dixon Purnell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 21 *Years,* 8 *Months,* 1 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Physician

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Snow Hill Md

Duration of Residence in the City of Baltimore, 4 1/2 Months

Place of Death, {Give street and number.} 132 W Mulberry St

Cause of Death, First (Primary,) Typhus Fever

Second (Immediate,)

Duration of Last Sickness, 28 days

All the above information should be furnished by the Physician.

Place of Burial, Snow Hill Jos: E. Clayton M. D.

Date of Burial, Don't Know Medical Attendant.

Undertaker, Blizzard

Place of Business, 187 Linrale St *Address* 18 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1928,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 27th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helen Mason Duncan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Fifty five *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, All of her life

Place of Death, {Give street and number.} No 87 Cathedral St

Cause of Death, {First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness, Thirty hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 2/75

Undertaker, R. Remmerson

Place of Business, No 92. N. Howard

Thomas Shearer M. D.
Medical Attendant.

Address 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1329,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 27 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Y Johnson

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, Seventy-Seven *Years,* Eleven *Months,* *Days.*

Color, Dark *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Porter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hartford County Md

Duration of Residence in the City of Baltimore, About 26 years

Place of Death, {Give street and number.} 64 Lower St

Cause of Death, {First (Primary,) Pneumonia
Second (Immediate,)

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Ground D. L. Rider — *M. D.*
Medical Attendant.

Date of Burial, March 2nd 1875.

Undertaker, John A Gordon *Address* 87 Mulberry St

Place of Business, 1063 Park St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1330

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John D. Ford.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation, Laborer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} 1140 Eastern ave Balto.

Cause of Death, {First (Primary,) Apoplexy.
Second (Immediate,)

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 1

Jos. S. Stubbs. M. D.
Medical Attendant.
427 Lexington st

{*Undertaker,* J B Crook
{*Place of Business,* No 707 W Baltimore *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1331

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 27-1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles William Corfield Chamberlain

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, — *Years,* Four *Months,* Eleven *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Madison Ave near Boundary Ave

Cause of Death, First (Primary,) Tubrc. Meningitis —

Second (Immediate,) Asthenia —

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, March 2- 1875

Undertaker, C & S Bryant

Place of Business, 157 Lanvale St

C. C. McDowall *M. D.*
Medical Attendant.

Address 290 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1332,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo A Cummings

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 57 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Sash & Lumber Inspector

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland Co Md

Duration of Residence in the City of Baltimore, About 28 yrs

Place of Death, {Give street and number.} 39 Pine St

Cause of Death, First (Primary,) Pneumonia of the Lungs

Second (Immediate,)

Duration of Last Sickness, about one Week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Mar 2nd 1875

H. T. Dare *M. D.*
Medical Attendant.

Undertaker, R. Hall

Place of Business, 96 E. Balto

Address Pine & George Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

~~State of Maryland, City of Baltimore,~~

Permit No. 1333,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joshua Read Wood

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow or~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Wheelwright

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Nearly all his life

Place of Death, {Give street and number.} 152 Battery Ave

Cause of Death, { First (Primary,) Phthisis
Second (Immediate,) —

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 2d 1875

Undertaker, Armiger & Lenny

Place of Business, 263 Light St

Frank E Radbill M. D.
Medical Attendant.

Address 175 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1334

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 28. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary McClellan

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 93 *Years,* 9 *Months,* 4 *Days.*

~~Color~~, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} U. S.

Duration of Residence in the City of Baltimore, Lifelong

Place of Death, {Give street and number.} 49 Liberty St

Cause of Death, {First (Primary,) Carcinoma Mamma.
{Second (Immediate.) Gen.l Debility

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, 1st Presbyterian Burial ground

Date of Burial, March 2d 1875.

Undertaker, R Kennick & Son

Place of Business, 92 N. Howard St Address 220 Garden West

D. H. Page M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1335,

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby. 28th '75.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nelson Reynolds Ryan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 19 *Years,* 6 *Months,* ..... *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, For life

Place of Death, {Give street and number.} W. Pratt St. 1 door west of Calhoun

Cause of Death, First (Primary,) Acute Rheumatism at 16 years of age.

Second (Immediate,) Valvular disease of the heart.

Duration of Last Sickness, 3 years & Six mo.

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, March 2nd 1875

Undertaker, J.B. Blackistone & Son

Place of Business, Balt St 606

Louis W. Knight M. D.
Medical Attendant.

Address 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1326.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 28. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Annie ~~Funk~~ Funk

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 158 S. Chapter Court

Cause of Death, {First (Primary,) Scarlet Fever / Second (Immediate.) Chronic Croup

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 2nd 1875

Undertaker, Hobbs & Dugan

Place of Business, 74 S. Broadway

E. Glanville Cook M. D.
Medical Attendant.

Address Balt & Washington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 1337

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah L. Smith

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* 5 *Days.*

Color, Blk. *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Cty.

Duration of Residence in the City of Baltimore, 5 days

Place of Death, {Give street and number.} 211 Ruby St.

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, the 2 of March

Undertaker, J. Kimmert

Place of Business, 311 Sunbery St

J. C. Hollohan M. D.

~~Medical Attendant.~~

Address 398 N. Fayette St

Name of Physician in attendance if different from informant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1338,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27th February 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Burley

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* 11 *Months,* ——— *Days.*

Color, Mulatto *Sex,*

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co. Md.

Duration of Residence in the City of Baltimore, 50 years.

Place of Death, {Give street and number.} 40 Forest St.

Cause of Death, First (Primary,) Old age

Second (Immediate,) Paralysis. (Hemiplegia)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, March 1st 1875

Undertaker, Wm J. Dorsey

Place of Business, No 104 East St Address 166 W. Fayette St

H. W. Owings M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 1339

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm & Charlotte Brent

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, _____ *Years,* _____ *Months,* 6 *Days.*

Color, Black *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, _____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life - 6 days

Place of Death, {Give street and number.} 21 Stockton alley

Cause of Death, {First (Primary,) / Second (Immediate.)} Convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 1st 1875

Undertaker, Family

Place of Business, _____

James Stewart M. D.
~~Medical Attendant~~

Address Stockton & Lagrange

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 1340

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances H. Green

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 d *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* male

~~*Married, Single, Widow,*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 63 Lancaster St

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption 1 yr

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Ch

Date of Burial, March 2nd 1875

Undertaker, Geo Froehlich

Place of Business, 339 Canton Ave

James A Kenny M. D.
Medical Attendant.

Canton Ave & Register
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1341

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Hartlein

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* 6 *Months,* 9 *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 28 Clement St

Cause of Death, {First (Primary,) Malignant Pustule

Second (Immediate,) Uraemia

Duration of Last Sickness, Uncertain

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cemetery

Date of Burial, March 2nd 1875

Undertaker, Charles F. Konkel

Place of Business, 161 Monroe St *Address* 119 Sharp St

L. McLane M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT. MAR 1 1878 BALTIM

Permit No. 1312

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~February~~ March 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Susan Rides

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Music Teacher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York City

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, {Give street and number.} Washington University Hospital

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Nine weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Tuesday March 5th

Undertaker, H. C. Merfeld

Place of Business, 187 W Pratt St

Geo I Keyworth M. D.
Medical Attendant.

Address Washington Univ Hospt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE MAR 1 1875

Permit No. 1343,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, [redacted] Feb 15 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael J Ryan

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, *Years,* 4 *Months,* 8 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Cor. Hillen & High sts

Cause of Death, {First (Primary,) Acute Bronchitis

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem

Date of Burial, Mar 1st 1875

Undertaker, Jas P Byrne

Place of Business, 63 Front st

E. F. Cogan M. D.
Medical Attendant.

Address 129 N High

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 18 1875 BALTIMORE

Permit No. 1344

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emil Martin Ernst Steinemann

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Two *Years,* Eight *Months,* 11 *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Pearl Street 85

Cause of Death, { First (Primary,) Scarlatina
Second (Immediate,) Albuminaria

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County Morris Weiner M. D.

Date of Burial, 2 Mar 4 Medical Attendant.

{ *Undertaker,* John Matthews
{ *Place of Business,* 159 E Mulberry *Address* 49, W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE

Permit No. 1345

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 28—

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George A. Mace

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 57 N. Carolina St—

Cause of Death, First (Primary,) Consumption

Second (Immediate.) 2 years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery. J. N. Heck M. D.

Medical Attendant.

Date of Burial, March 2nd 1875

Undertaker, Wm. H. Hickman *Address* 75 E. Balt. St.

Place of Business, 234 W. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 1346

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 1

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Drew

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 11 *Months,* ——— *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 11 months

Place of Death, {Give street and number.} 7 York St. near Light

Cause of Death, First (Primary,) Whooping Cough

Second (Immediate,) Hydrocephalus

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, March 2th

Undertaker, Armstrong & Dorsey

Place of Business, 265 Light St

Harvey Gordon M. D.
Medical Attendant.

Address 14 E Hamilton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITA[illegible]

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE.

Permit No. 1347.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar 1st, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} George M. Stentzel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 17 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} No 200 Lex. St,

Cause of Death, {First (Primary,) Epilepsy

{Second (Immediate,)

Duration of Last Sickness, about 3 years.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, March 2

Undertaker, John Teufel

Place of Business, 491 W. Balto. St *Address* 148 Mad. St.

Felix Jenkins, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1348

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Ann Towson

~~Sex, Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Sixty Five *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.} Widow

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Sixty five years

Place of Death, {Give street and number.} N. Lombard St 627

Cause of Death, {First (Primary,) Phthisis
{Second (Immediate.) Pneumonia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Balt cemetery

Date of Burial, March 3rd 2 Oclock P.M.

I S Mackenzie M. D.
Medical Attendant.

{*Undertaker,* George C Robertson
{*Place of Business,* 38 Exeter St. *Address* 67 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1849

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Thomas

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} State of Delaware

Duration of Residence in the City of Baltimore, 25. Years

Place of Death, {Give street and number.} 51 N. Spring St

Cause of Death, {First (Primary,) Cancer of Womb

{Second (Immediate,) 5 Month

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dale Cemetery

Date of Burial, March 2nd 1875

Geo. H. Benson M. D.
Medical Attendant.

{*Undertaker,* George C Rodemeyer

{*Place of Business,* 38 Exeter St *Address* 144 Hanover St Dale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1350

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Braddock

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Five *Years,* four *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Child

Occupation, Nothing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 1963 Howard st

Cause of Death, First (Primary,) Whooping Cough

Second (Immediate,) Congestion and Bronchitis

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 2nd 75

Undertaker, John B. Williams

Place of Business, 17 Lee st Balto. Md.

S. D. Dyer M. D.

Medical Attendant.

Address Hill st No 146 Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1857,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marie Siegel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, 7 hours Days.

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 12 N. Frederick St, Balt, Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 12 N. Frederick St

Cause of Death, First (Primary,) ; Second (Immediate,) prematurely born

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 2nd/75

G. Lichtenauer M. D.
Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, No 212 E. Monument St *Address* 58 N. Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1352,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anne Hines

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Two Months, 16 Days.

Color, White Sex, Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 14 Stockholm St

Cause of Death, {First (Primary,) Colera

{Second (Immediate,) Congestion of Lungs

Duration of Last Sickness, Six Hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 2d 1875

Undertaker, John Mackin

Place of Business, No 150 Canton

W. H. Cottman M. D.
Medical Attendant.

Address 166 S. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1353.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 1st. 1875. 8 a M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Hau.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, White. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation, Cooper.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Westhofen - Hesse Darmstadt Germany

Duration of Residence in the City of Baltimore, 21 Years.

Place of Death, {Give street and number.} 52. S. Wolf St.

Cause of Death, {First (Primary,) Abscess. / Second (Immediate.) Rupture of abscess into chest.

Duration of Last Sickness, 4 Months.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Mar 4

Undertaker, Wm. Alex Lloyd

Place of Business, 157 S Bond

McClean Bibbes M. D.
Medical Attendant.

Address 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 28 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Estella Jackson

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, Years, Months, 2 & 14 ten Days.

Color, Brown Skin &c, Colard

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.} Mother & father Married

Occupation, forth Labrer Moth Now Trad at all

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimar City

Duration of Residence in the City of Baltimore, all thar Life time

Place of Death, {Give street and number.} No 1964 Spring st

Cause of Death, First (Primary,) forth & Moth Randoff Jackson Nile Jackson

Second (Immediate,) Croup

Duration of Last Sickness, five Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cimetary

Date of Burial, March 2 1875

Undertaker, John Locks

Place of Business, Halfst Btw Gorst & Radcl *Address* Cor of north & Pleasant

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1355

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Butler

~~Sex~~, *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* —— ~~Months~~, —— *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, No occupation.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County -

Duration of Residence in the City of Baltimore, 53 years

Place of Death, {Give street and number.} No 60 Maryland Avenue Baltimore County.

Cause of Death, First (Primary,) Pulmonary consumption (Fibrinous)

Second (Immediate,) Exhaustion.

Duration of Last Sickness, Two years -

All the above information should be furnished by the Physician.

Place of Burial, Green-Mount Cemtry

Date of Burial, March 3rd 1875

Undertaker, John H. Weaver

Place of Business, #22 W. Fayette St *Address*

H Stevens M. D.
Medical Attendant.
No 16 E. Liberty Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1356

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James O"Donner

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} Male

Age, One *Years,* Five *Months,* " *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, "O"

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} S. E. Cor Chesnut and Douglass

Cause of Death, {First (Primary,) Scarlet Fever

{Second (Immediate,)

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 2d

{*Undertaker,* James S Byrne

{*Place of Business,* N° 63 N° Front St

Lewis Thomas M. D.
Medical Attendant.

Address 133 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1357.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 9 *Months,* 8 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No. 14 Madeira Alley

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate.)

Duration of Last Sickness, 14 Days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, 3rd March 1875

M. D.
Medical Attendant.

{*Undertaker,* Peter C. Petsch

{*Place of Business,* 265 Aliceanna *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1358

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 1 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Arnold

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, *Years,* 9 *Months,* *Days.*

Color, Whit *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City of Baltimore Md

Duration of Residence in the City of Baltimore, From Birth

Place of Death, {Give street and number.} No 130 South Wolf St Baltimore Md

Cause of Death, {First (Primary,) Calamdy "Bronchitis"
Second (Immediate,) Ulceration of throat

Duration of Last Sickness, ten days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, March 2

Undertaker, George Foothlift *Address* 53 South Broadway.

Place of Business, Caton Ave & S. Gay St.

E J Kay M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1359.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 1. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} ~~Dollaby~~ William H. Griggs.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 9 *Months,* 16 *Days.*

Color, ____ *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 111 N. Liberty St.

Cause of Death, {First (Primary,) Meningitis

{Second (Immediate,) Exhaustion of Coma.

Duration of Last Sickness, Nine days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 3d. 1875.

{*Undertaker,* Mathias A Daiger

{*Place of Business,* 74 S. Broadway

G. Granville Rusk M. D.
Medical Attendant.

Address Balto Washington Co Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1360.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Le Bron Molloy

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* 18 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 231 E. Balto. St

Cause of Death, {First (Primary,) Cerebral Meningitis
{Second (Immediate,)

Duration of Last Sickness, nine days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, March 2d 1875

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway *Address*

John F. Monnerie M. D.
Medical Attendant.
S. W. Cor Calvert & Read Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1361,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 1.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give name of parents.} Mary C. Deering

Sex, Male or Female, {Cross out the word not required in this line.} ...

Age, 10 *Years,* — *Months,* 17 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 10. years. 17 days

Place of Death, {Give street and number.} 362. Hanover

Cause of Death, {First (Primary,) / Second (Immediate,)} Typhoid Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, March 3rd

Undertaker, G. Weber

Place of Business, 362. Hanover

[redacted] M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1362,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertie Simons

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ 8 *Months,* ~~Days.~~

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} # 2 Bartlett Street

Cause of Death, {First (Primary,) / Second (Immediate.)} Capillary Bronchitis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Eden St. Herb Cem

Date of Burial, March 2nd 75

{*Undertaker,* S. E. Hush / *Place of Business,* 743 N. Balto St} *Address*

James A. Steuart M. D.
~~Medical Attendant.~~
Asst H. & Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 1363,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Abbott

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 75 — *Years,* — 9 — *Months,* — 7 — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow~~ *Widower,* {Cross out the words not required in this line.} Widower

Occupation, Tobacconist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, 75 years. 9. Mo. 7. days

Place of Death, {Give street and number.} No 255 East Baltimore St

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) Paralysis

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 4th 1875

Undertaker, Houghton & co

Place of Business, 165 S Broadway

Thomas D. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square
Balt. City. Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13624

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 2, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Frederick Denhart

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 C *Years,* 3 *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Beer Brewer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Since 1874.

Place of Death, {Give street and number.} 193 Frederick Avenue

Cause of Death, {First (Primary,) Inflammation of Liver

{Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, March 4th

{*Undertaker,* J P Faulks

{*Place of Business,* Frederick Md *Address* 66

James J. Leathem M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1365

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Henry (Mrs.)

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 70 Years, 6 Months, Days.

Color, White *Sex,* Female

Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Market Woman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 220 Raborg st.

Cause of Death, {First (Primary,) Hard breath

{Second (Immediate,) Lung Conditions.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem. J. G. Wilkinson M. D.

Medical Attendant.

Date of Burial, March 3d

Undertaker, J. B. Cook

Place of Business, 707 N Baltimore Address 398 N. Fayette st.

Was called after death.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1366

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 2 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Saidie Loewenthal

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 4 *Months,* 16 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 146 Mulberry

Cause of Death, { First (Primary,) Croup
Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Eden st Burial Philada

Date of Burial, Mch 3/75

Abram H Arnold M. D.
Medical Attendant.

{ *Undertaker,* M. Lungrow
{ *Place of Business,* 87 Gough st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 1367

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H. Pitts

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester County Md

Duration of Residence in the City of Baltimore, 13 months

Place of Death, {Give street and number.} 142 York street

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, W. Potter's Field

Date of Burial, March 3rd 1875

Undertaker, M. H. C. Perry

Place of Business, Pratt St

Wm. O'Donovan M. D.

Coroner ~~Medical Attendant.~~

Address 98 Lee st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1368,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 1 o'Clock 2nd March

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick F. Ortlip

Sex, Male or ~~Female~~, {Cross on the word not required in this line.} Male

Age, Seven *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Port deposit Cecil Co Maryland

Duration of Residence in the City of Baltimore. Five Years

Place of Death, {Give street and number.} No 140 E. Biddle st

Cause of Death, First (Primary,) Typhoid Pneumonia

Second (Immediate,) ———

Duration of Last Sickness, Six weeks & 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Michaels R. C.

Date of Burial, 4th March 10 o'Clock

Undertaker, Mr Frey

Place of Business, 54 N Broadway

14 P.P. Cemetery

M. D.
Medical Attendant.

Address 439 E Monument st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Board of Health, City of Baltimore,

Permit No. 1369.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Stead

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 8 *Months,* 6 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 22 months & 6 days

Place of Death, {Give street and number.} 102 S. Duncan St.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate.) Convulsions

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 4th March 1875

Undertaker, John C. Fitch

Place of Business, 265 Allegheny St.

James H. Thomas M. D.
Medical Attendant.

Address 25 H Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1370

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 1st March 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Druby

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, Black *Sex,*

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Convict

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dont Know

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and number.} Maryland State Prison

Cause of Death, {First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, March 3rd 1875

Undertaker, H. Donovan

Place of Business, 57 Bank St

Jno Brooke Boyle M. D.
Medical Attendant.

Address 174 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1371.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 3d 12½ A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Ida May Weaver

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 6 *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 130 E. Biddle st

Duration of Residence in the City of Baltimore, 6 days

Place of Death, {Give street and number.} 130 E. Biddle st

Cause of Death, {First (Primary,) ____ Second (Immediate,) Pneumonia.

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Blue Ball Road Happy Grove

Date of Burial, March 3d 1875

Undertaker, Murphy

Place of Business, 54 N Broadway *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 1372

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~In rear of 167 Chestnut st~~ Feb 28 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Cook

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, ~~8~~ *Years,* *Months,* 5 *Days.*

Color, Black *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} In rear of 167 Chestnut st

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 3d 1875

Undertaker, W. N. Dungee

Place of Business, 104 East st

James A Steuart M. D.

~~*Medical Attendant*~~ Supt Health & Registrar

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health

Board of Health, City of Baltimore,

Permit No. 1373,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT. MAR 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 2.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Katharine Hoffmeier

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. } female

Age, 2. *Years,* 6 *Months,* *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 39 Barnes st.

Cause of Death, { First (Primary,) Croup. / Second (Immediate,) 3 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, March 4

Undertaker, G. Teyder

Place of Business, 6 Hooker alley

C Hoffmeier M. D.
Medical Attendant.

Address 57 Lieguith.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1374

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 2nd 75.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Herrick

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 26 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single,~~ *Widow or Widower,* {Cross out the words not required in this line.} Married

Occupation, Brass Finisher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and number.} 14 E. Eager

Cause of Death, First (Primary,) Acute. Albuminuria.

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, March 5th

D. Geo. W. Draper M. D.
Medical Attendant.

Undertaker, Hughes Lamy & Mitchell

Place of Business, Broadway near Fath. St

Address 18 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 1375.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Medcalf

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Physician

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert Co. Maryland, as is believed.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 321 Walsh St. Baltimore

Cause of Death, First (Primary,) Cardiac Asthmatic disease probably with valvular or mitral

Second (Immediate,) Double Capillary Bronchitis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Calvert County Md

Date of Burial, March 6th

Undertaker, Jno H. Weaver

Place of Business, Fayette St

S. G. Chew M. D.
Medical Attendant.

Address 141 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

(41)

~~Board of Health, City of Baltimore,~~

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1376.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 2d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Linthicum

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeping

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, Nine Years

Place of Death, {Give street and number.} No 238 Pierce St

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,)

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 4th 1875

H. S. Bowie M. D.
Medical Attendant.

{ *Undertaker,* Chas Tolson
{ *Place of Business,* 211 N Eutaw St *Address* 4 McCulloch St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1371

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} William H. Whittemyer.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 7m *Months,* ——— *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 7 Months

Place of Death, {Give street and number.} No 452 Canton Avenue

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,) ———

Duration of Last Sickness, ——— Two Months ———

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, March 4th 1875

{*Undertaker,* H. M. Gilmore

Place of Business, 341 Canton Av.

Thomas B. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square
Balt. Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 1378

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 3 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 3rd 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin Thomas Haines

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Huckster

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} 229 Harford Ave.

Cause of Death, First (Primary,) Phthisis & Disease of Kidneys Liver

Second (Immediate,) Dropsy.

Duration of Last Sickness, 3 Months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 4th 75

Undertaker, Geo. Schilling

Place of Business, Cor Aisquith & Monument *Address* 18 Aisquith St

D. G. H. Draper M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 1379.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 3 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caspar Gibbitch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* — *Months,* — *Days.*

Color, white *Sex,* male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} 176 Dunham Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Heart Disease

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, March 4th 1875

{*Undertaker,* John Braun / *Place of Business,* 79 S. Wolf St *Address*

James A Steuart M. D.
Coroner & Registrar ~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

(Information by Undertaker)

Board of Health, City of Baltimore,

HEALTH DEPARTMENT MAR 3 1875 BALTIMORE.

Permit No. 1380,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Antonette Flaunhum

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 65. 11 *Years,* *Months,* 14 *Days.*

Color, Whit *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 14 1/2 Jear, Germany

Duration of Residence in the City of Baltimore, 14 1/2 Years.

Place of Death, {Give street and number.} Co. Myrtle and Sarah ann Sts

Cause of Death, {First (Primary,) / Second (Immediate,)} Traumatic Erysipelas.

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Weston Cemetry

Date of Burial, the 5th of March

Louis Ahr M. D.
Medical Attendant.

Undertaker, P. Kimmert.

Place of Business, 317 Mulberry St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person

Board of Health, City of Baltimore,

HEALTH DEPARTMENT MAR 3 1875 BALTIMORE

Permit No. 1381. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 3d. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chrystian ~~Jumpe~~ Ambsop

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 51 *Years,* ~ *Months,* ~ *Days.*

Color, White *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany eighteen years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 303 S. Bond St.

Cause of Death, {First (Primary,) Pneumonia
Second (Immediate,)

Duration of Last Sickness, three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church B Grave

Date of Burial, March 4th

Undertaker, Emanuel Claus

Place of Business, 169 S. Bethel st *Address* 94 S. Broadway

A. H. Ehrich *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 1382

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPARTMENT MAR 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gustav Muller, Son!

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 16 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 182 Linden Avenue City

Duration of Residence in the City of Baltimore, Sixteen days

Place of Death, {Give street and number.} 182 Linden Avenue City

Cause of Death, First (Primary,) — Asthenia

Second (Immediate,) — Asthenia

Duration of Last Sickness, from birth — Only visited two times before death.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 4th 1875

Undertaker, Wm Rockhausen

Place of Business, 345 Light-Street

H. McAllister M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1382.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Hunter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* 20 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 427 Hanbury st

Cause of Death, {First (Primary,) Typhoid Fever

Second (Immediate,) 5 days

Duration of Last Sickness, [illegible]

(The above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, March 4th 1875

Undertaker, Charles H. Herold

Place of Business, 111 Hanover St. *Address* 76 Black st

Jas. Heuser, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 13811

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 2d 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Elizabeth M. Sick

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female.

Age, 64 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female.

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, During life.

Place of Death, {Give street and number.} 183 Jefferson St.

Cause of Death, { First (Primary,) Asthma.
Second (Immediate.) 10 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 4

Undertaker, Armstrong & Denny

Place of Business, 263 Light St *Address* 75 E Baltimore St.

J. H. Hanck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1385

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Miller

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 51 *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 331 E Madison st Balto

Cause of Death, {First (Primary,) / Second (Immediate,)} Cancer of Stomach Bowels

Duration of Last Sickness, 25 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 5th 1875

Undertaker, Chas Rossing

Place of Business, 136 E. Fayette

I Ridgway Andre M. D.
Medical Attendant.

Address No 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1386.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 3. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary Libby

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 88 Greenmount Avenue.

Cause of Death, { First (Primary,) Old age.
{ Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemt

Date of Burial, March 5th

Undertaker, John S. Podesmays

Place of Business, 102 E Monument

S. M. Hinck. M. D.
Medical Attendant.

Address 78 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

~~State of Maryland, City of Baltimore,~~

Permit No. 1387.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 3 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Ann Gade.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, about 64 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Female.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia Pa.

Duration of Residence in the City of Baltimore, 45 years.

Place of Death, {Give street and number.} 85 E. Pratt St.

Cause of Death, {First (Primary,) Pneumonia.
Second (Immediate,)

Duration of Last Sickness, 7 Days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 5th 1875

{*Undertaker,* Thos. S. Hughes
{*Place of Business,* 10 East Balto

Jno. F. Powell. M. D.
Medical Attendant.

Address 72 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Health Dept, City of Baltimore,

Permit No. 1388

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE

Date of Death, March 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harris Levy

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, ... *Years,* 6 *Months,* 5 *Days.*

Color, White ..... *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 294 W. Pratt St. Baltimore Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 294 W. Pratt St

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Christ C.H.

Date of Burial, March 5th

Undertaker, J. Schaefer

Place of Business, 150 Canda St *Address* 203 W. Lombard St

Penrhyn W. Wemble M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1389. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Thomas

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 66 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, ~~Farmer~~ Plane Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Co Md

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give street and number.} 28 Lemmon St

Cause of Death, {First (Primary,) / Second (Immediate,)} Hemaplegia

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral cem. Jas. H. Kenny M. D.

Date of Burial, March 6 Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] *Address* 76 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1390.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Jane

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Under 1 year~~ 20 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, House work

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number.} Washington University Hospital

Cause of Death, {First (Primary,) Pseudomembranous Laryngitis
Second (Immediate,) Pneumonia

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, March 4th 1875.

{*Undertaker,* *Place of Business,* Family

Geo. L. Keyser M. D.
Medical Attendant.

Address Washington & Mulberry Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1391.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert (Little) Little

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Whitewasher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Boston Mass.

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and number.} No 56 Aisquith St

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Sunday Mch 7th

Undertaker, John H Weaser

Place of Business, Nort Gayst & Balt

M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1392.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 3rd, 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. Howard

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Convict

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dont know

Duration of Residence in the City of Baltimore, Two Years

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, {First (Primary,) / Second (Immediate,)} Brights Kidney Disease

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents B.G.

Date of Burial, March 4 1875

Undertaker, W A McDonough.

Place of Business, 146 N Eutaw St

Jno. Brooke Boyle M. D.
Medical Attendant.

Address 174 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1393

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 2nd 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Jane Phillips

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 33 *Years,* ... *Months,* ... *Days.*

Color, Mulatto. *Sex,* ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 231 Spring St

Cause of Death, {First (Primary,) Phthisis.
Second (Immediate.)

Duration of Last Sickness, Two

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery, Lawrence Turnbull M. D.

Date of Burial, March 4th 1875 Medical Attendant.

Undertaker, John W Cooke

Place of Business, 65 S. Wells St *Address* 133 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1394

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 3d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julio Angelery

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Thirty two *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Portimo Corsica

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number.} N° 6 New Church st

Cause of Death, {First (Primary.) / Second (Immediate.)} Phthisis

Duration of Last Sickness, about two years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross. C

Date of Burial, March 5. 1875

Undertaker, C F. Krause

Place of Business, 209 Hanover st *Address*

F Whatard *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1395

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip Rathauge

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* 9 *Months.* *Days.*

Color, W *Sex,* M

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 324 Mulberry

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Confined to bed 8 months.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery C Winslow M. D.

Date of Burial, March 7th 1875 Medical Attendant.

Undertaker, P. Kimmel

Place of Business, 311 Mulberry *Address* 23 McCulloch

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1396.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 4 O'clock A.M. March 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Theresa Hiltz

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* two *Months,* two *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 419 Hamburg Street

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 419 Hamburg Street

Cause of Death, First (Primary,) Pertussis

Second (Immediate.)

Duration of Last Sickness, 4 weeks

All the above Information should be furnished by the Physician.

Place of Burial, St. Alphonsus B. Graard

Date of Burial, March 6th 1875

Undertaker, Peter Kummert

Place of Business, 317 Mallory St.

M. W. Donavine M. D.

~~Medical Attendant.~~ Coroner

Address 98 Dee Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1397

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 3d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Virginia Schaible

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ~~8 years~~ Years, Two Months, Twelve Days.

Color, White Sex, Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} No 8 N Poppleton St

Cause of Death, {First (Primary,) Spinal affection; Second (Immediate.) Double Pneumonia

Duration of Last Sickness, fourteen days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, March 5th 1875

Undertaker, Peter Kinnert

Place of Business, 317 Mulberry St.

Thomas Opie M. D.

Medical Attendant.

Address 396 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1398,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah A. Moore

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 24 *Years,* 1 *Months,* 17 *Days.*

Color, Black. *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, {Give street and number.} 64 Henrietta St

Cause of Death, {First (Primary,) / Second (Immediate,)} Puerperal Fever

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *Theodore Cook* M. D.

Date of Burial, Mar. 4, 1875 Medical Attendant.

Undertaker, S McChase

Place of Business, 1619 & Hanover St *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13991

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 3d March 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Martin Byrne

Sex, ~~Male,~~ or Female, {Cross out the word not required in this line.}

Age, about 65 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ Widow ~~or Widower.~~ {Cross out the words not required in this line.}

Occupation, Dealing in milk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore. about 31 years

Place of Death, {Give street and number.} No. 235 Hollins st.

Cause of Death, {First (Primary,) Fell on the St. & died in a

{Second (Immediate,) few minutes. - cause not certainly known

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, March 6

John Hood M. D.
Medical Attendant.

Undertaker, I B Coop

Place of Business, 707 W. Baltimore st *Address* 234 Hollins st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 1400.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 1st. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucy Foote

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* —— *Months,* —— *Days.*

Color, Black *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Servicewoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert County Md:

Duration of Residence in the City of Baltimore, 2 years & 10 months

Place of Death, {Give street and number.} 2 King Stuart Court

Cause of Death, First (Primary,) Confined 3 week ago. & the died 2 days after

Second (Immediate.) Heplatic Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery W. H. Griffith. M. D.

Date of Burial, March 4th 1875 Medical Attendant.

Undertaker, Wm. Jones Gray Address 117 Madison st.

Place of Business, 65 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1401.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 8d 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jos. E. Wollman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, one *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 10 S. Front St

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, East Pattapsco

Date of Burial, March 11 1875

Undertaker, Wm Donovan

Place of Business, 6 Buckly

H. J. Ronalds M. D.
Medical Attendant.

Address 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1402

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 3 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} J. Bolon S. Smithmund

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Forty Six Years, Months, 7 Days. 27

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} A. A. County Md.

Duration of Residence in the City of Baltimore, 4 years & 10 months

Place of Death, {Give street and number.} No. 8 N. Gilmore St

Cause of Death, {First (Primary,) Erysipelas

Second (Immediate,) Seven days

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 5th 1875

Undertaker, John S Hacker

Place of Business, No 150 Canden st *Address*

James G. Smithmund M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1403.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 2d, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Peter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Rigger

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Denmark

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 217 E. Barney St.

Cause of Death, {First (Primary,) Paralysis of Heart

{Second (Immediate.)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Mathew Cemetary

Date of Burial, 5th March 1875

Undertaker, Geo Everhart

Place of Business, 339 Canton Av

Wm. Kelly M. D.
Medical Attendant.

Address Fawn & Eden Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1404

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Henry Wittman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 10 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Born in the City

Duration of Residence in the City of Baltimore, 5 years 10 Months

Place of Death, {Give street and number.} South Charles st 230

Cause of Death, First (Primary,)

Second (Immediate,) Dropsy

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, March 5th 1875

Undertaker, Julius Koehler

Place of Business, Address Cor. Sharp & Cross. st.

M. D.

Medical Attendant.

Dr. S Eastern

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1405

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 4th of March

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John Roedel

~~Sex~~, *Male or* ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* 3 *Months,* *Days.*

Color, ~~white~~

Sex,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria, Germany

Duration of Residence in the City of Baltimore, 2 year

Place of Death, {Give street and number.} 296 E. Fifth Corn. of Wolfe.

Cause of Death, First (Primary.) Phtysis tuberculosa

Second (Immediate.) Hydrops thoracis

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, Sunday 6th March

Undertaker, John Frame

Place of Business, 77 Wolf St

Fletcher M. D.
Medical Attendant

Address 245 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1406

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 2nd, 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mas Mary Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 111 *Years,* *Months,* *Days*

Color, Cohile *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dont Know

Duration of Residence in the City of Baltimore, Dont Know

Place of Death, {Give street and number.} Institution Little Sisters of the Poor

Cause of Death, {First (Primary,) / Second (Immediate,)} Infirmity – old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross (by Little Sisters of the Poor)

Date of Burial, Mch 5th

Undertaker, Little Sisters of Poor

Place of Business, at Institution

Jno. Burke Boyle M. D.
Medical Attendant.

Address 174 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1107

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 4th March 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Peters

~~Sex~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.} Male

Age, 23 *Years,* 9 *Months,* 8 *Days.*

Color, White *Sex,* male

~~*Married*~~, *Single, Widow or* ~~*Widower*~~, {Cross out the words not required in this line.} Single

Occupation, Restaurant keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and number.} 146 Camden St

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate.)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Mphons ws. B.C. J. K. Butler M. D.

Date of Burial, March 6th 1875 Medical Attendant.

{*Undertaker,* Julius Kochler *Address* 144 Mulberry St

{*Place of Business,* Cor Sharp & Cross St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1418,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 3d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christina Coleman

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* 2 *Months,* 6 *Days.*

Color, Brown *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow*~~ *or Widower.* {Cross out the words not required in this line.}

Occupation, Washing and Ironing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. All the while

Place of Death, {Give street and number.} 9 Peach alley

Cause of Death, {First (Primary,) / Second (Immediate.)} Died in child birth

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 5. 1875

Undertaker, S. W. Chase

Place of Business, 181 & 183 Howard st Address 266 S. Howard st

R. M. Hall M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14119

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 3d 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie L Moore

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Thirty Years, Months, Days.

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Washer woman

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Talbot Co, Maryland

Duration of Residence in the City of Baltimore, Twenty Eight years

Place of Death, { Give street and number. } King St No 170

Cause of Death, { First (Primary,) Phthisis and

Second (Immediate,) Valvular disease

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 5. 1875

{ *Undertaker,* S. W. Chase

{ *Place of Business* No 162 Howard St *Address*

L. D. Ayer *M. D.*
Medical Attendant.

Hill St No 144
Balt. Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1410,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} W. C. & E. Kepler (Infant)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* One Hour ~~Days.~~

Color, White *Sex,* male

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, one hour

Place of Death, {Give street and number.} 134 N. Dallas St

Cause of Death, {First (Primary,) / Second (Immediate,)} Spasms

Duration of Last Sickness, one hour

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery *James A Steuart* M. D.

Date of Burial, March 4th 1875 ~~Medical Attendant~~ Coroner of State & Registrar

Undertaker, Wm Fiery *Address*

Place of Business, Fayette & Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Information from Rebecca Lloyd Midwife ~~Father~~

Board of Health, City of Baltimore,

Permit No. 1411

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Fridericke Theresa Reich (Reich)

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 72 *Years,* 0 *Months,* 3 *Days.*

Color, *Sex,*

~~*Married*~~, ~~*Single*~~, *Widow* or ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Brodewede (Germany) - 6 years in the U.S.

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} N Paca Street 122

Cause of Death, First (Primary,) Peritonitis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, 6th of March

Undertaker, Leitz Andrew

Place of Business, Druid Hill Av. 118 *Address* 224 W Fayette Street

L F Reinhard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1412,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Ang. Meyers

~~*Sex, Male* or~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, Wh *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Dress Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, during life time

Place of Death, {Give street and number.} 66 Bank St

Cause of Death, {First (Primary,) Pneumonia
{Second (Immediate,) Consumption

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mch 5th 1875

Undertaker, Lud W Locke

Place of Business, 45 S. Wolf St

R W Mansfield *M. D.*
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1413,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth H. Keener

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 73 *Years,* 11 *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, ~~Single Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 38 S. Chester Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Old Age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 6th 1875

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway

James H Elmes M. D.
~~Medical Attendant~~

Address Comm'rs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Information furnished by Hughes & Co)

Board of Health, City of Baltimore,

Permit No. 1414

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 29 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laitia Jones

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 8 *Months,* ——— *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 5 Months

Place of Death, {Give street and number.} Johns Alley

Cause of Death, First (Primary,) consumption

Second (Immediate,) Haemorrhage from lungs

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Ebenezer Chapel Baltimore

Date of Burial, March 6 1875

Undertaker, John C Swan

Place of Business, 65 Park Av — *Address*

Elias C. Price M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 1415

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 3d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. Benjamin Jones

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 5 Months

Place of Death, {Give street and number.} Johns Alley

Cause of Death, {First (Primary,) consumption
Second (Immediate.)

Duration of Last Sickness, four Months

All the above information should be furnished by the Physician.

Place of Burial, Stephenson Chapel Balto. Co.

Date of Burial, March 6 1875

{*Undertaker,* John C Jordan
{*Place of Business,* 65 Park Av *Address*

Elias C. Price M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the ease eomes under his notiee, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certifieate setting forth, as far as the same can be ascertained, the full name, sex, age and eondition (whether married or single) of the person deceased, and the cause and date of death, exeept in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1416.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 4th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Kephart

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* 7 *Months,* *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carroll County Md.

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} No 313 W Fayette street

Cause of Death, {First (Primary,) Paralysis

{Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Chas. W. Nefft M. D.

Medical Attendant.

Date of Burial, 6th March

{*Undertaker,* J. W. Loane *Address* No. 206 W. Fayette Street

{*Place of Business,* 568 W Balt.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1417,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 4 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eleanor McTiernan

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* 11 *Months,* 21 *Days.*

Color, white *Sex,* Female

Married, ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Constant

Place of Death, {Give street and number.} 150 Shark St

Cause of Death, { First (Primary,) Enlargement of liver
Second (Immediate,) Intestinal Hemorrhage. Syncope

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem. * J. Lincoln M. D.

Date of Burial, Saturday 2 oc. 5 Mar. Medical Attendant.

{ *Undertaker,* Hilpin Kinsey
{ *Place of Business,* 16 Light. *Address* 154 Shark St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1418

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 27th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Laurene Schultz & Anna E

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 26 hours *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 370 N. Durham St.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 370 N. Durham St.

Cause of Death, First (Primary,) Premature Birth Dropsy of Amnion.

Second (Immediate,) fetal age: about 7 months.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Trinity Church Cemetery

Date of Burial, March 5th 3 o'clock.

Undertaker, Henry Bein

Place of Business,

Jas. J. Kuebler M. D.
Medical Attendant.

Address No 197 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1419

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 4 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Pierson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 6 *Months,* — *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 60 N. Castle

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,)

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Mch 6th

Medical Attendant, Horace B Hurd M. D.

Undertaker, Julius Kohler Julius Kohler

Place of Business, 36 N Sharp St. *Address* 360 N. Sharp str

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 1420 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Miller

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Symptoms

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St. Josephs Hospital

Cause of Death, {First (Primary,) Tuberculosis

{Second (Immediate,) Congestion of Lungs

Duration of Last Sickness, Was in Hospital 6 months

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cem

Date of Burial, March 6th 1875

{*Undertaker,* Institution

{*Place of Business,*

O. J. Gaster M. D.
Medical Attendant.

Address St Josephs Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1421

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabel Taggart

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* 3. *Months,* 10. *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Upholsteress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} 125 Hanford Av

Cause of Death, First (Primary,) Consumption

Second (Immediate,) "

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, March 6th 1875

Undertaker, Chas T Scrivin

Place of Business, 220 N. Eutaw St *Address*

Edw A Mann M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14222,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie Livers

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* ——— *Days.*

Color, Black *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give street and number.} Light Street Extended

Cause of Death, {First (Primary,) / Second (Immediate.)} Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Charles Co Md James Stewart M. D.

Date of Burial, March 6th 1875 ~~Medical Attendant~~ Commis of Health & Registrar

Undertaker, Grand Father

Place of Business, Frank Newton Address Light St Extended

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Frank Newton Cold Grand Father

(43)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11125.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 4, 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} ~~John~~ Jane Annie E.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* *9* *Months,* *7* *Days.*

Color, ~~Ft~~ White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Loudon & Regester Sts,

Cause of Death, First (Primary,) Chronic Croup

Second (Immediate,) Suffocation

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery G. Glanville Rue M. D.

Date of Burial, March 6th 1875 Medical Attendant.

Undertaker, Comfort

Place of Business, 54 n Broadway *Address* Balt & Washington Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1424.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anton B. Bruntsch

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* 6 *Months,* 15 *Days.*

Color, white *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cigar Manufacturer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany. 26 years in U. S.

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} No 14 Ridgely St

Cause of Death, First (Primary,) Pleuritis

Second (Immediate,) Tuberculosis

Duration of Last Sickness, 3 1/2 months

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, March 7th 75

Undertaker, H. Briel

Place of Business, Hennetta St

Chas F. Heuser M. D.
Medical Attendant.

Address No 47 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1425,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Staam

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 11 *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 11 days

Place of Death, {Give street and number.} 179 E. Lombard St

Cause of Death, { First (Primary,) ——
Second (Immediate,) Convulsions

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Chicago's B. G.

Date of Burial, March 6, 1875

James A. Stewart M. D.
~~Medical Attendant~~
Comp'tn. & Registrar

Undertaker, C. Rossing

Place of Business, 136 E Fayette St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Information by Father of Child)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14261

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 4 *Months,* *Days.*

Color, White *Sex,* —

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Hanover St No 34.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Dropsy

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, In E[illegible] Hill Road

Date of Burial, March 6th 75 J. H. Martin M. D.

Medical Attendant.

Undertaker, Murphy

Place of Business, 54 N Broadway *Address* Canton P.O.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1427

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Magdalena Schneider

~~Sex, Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* — *Months,* 2 5 *Days.*

Color, *Sex,* female

Married, ~~Single,~~ ~~Widow~~ or ~~Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany — 16 years.

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 19 S Liberty

Cause of Death, First (Primary,) Oophoritis & Peritonitis

Second (Immediate,) Inanition

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 7th 1875.

L Pittovaret 3 M. D.
Medical Attendant.

Undertaker, John Teufel

Place of Business, 491 W. Balto St. *Address* 137 N Fayette st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1428.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Winter

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, Seven *Years,* Two *Months,* Four *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Seven Years

Place of Death, {Give street and number.} No. 6. North Greene St

Cause of Death, {First (Primary,) Diphtheria

{Second (Immediate,) Scarlatina

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Alpheus Cemetery

Date of Burial, March 6. 1875

{*Undertaker,* John Dowell

{*Place of Business,* 491 W. Balto St. *Address* 23 N. Greene St

J. A. Gillis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 1429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 5th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Hink

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Female

Age, Years, Two Months, & ten Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} Lemmon St. near Pacific

Cause of Death, {First (Primary,) Inanition

Second (Immediate.) Convulsions

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery. Dr. Ian Baldwin M. D.

Medical Attendant.

Date of Burial, Mar 6 1875.

Undertaker, Jno. P. Sanders. *Address* 152 Front and St.

Place of Business, No 11 Sudrick st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE.

Permit No. 1430

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 4.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Auguste Westphal

~~*Sex, Male*~~ or *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months.* 20 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 148 1/2 Madison st.

Cause of Death, { First (Primary,) 1" / Second (Immediate.) } Meningitis simplex. 12 Days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, March 5th/75

{ *Undertaker,* Geo Schilling / *Place of Business,* No 212 E. Monument st } *Address* 57 Aisquith st.

C. Hoffmeier M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 1431

Permit No. 1431,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 4th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis M. Donahue.

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 20 *Years,* 11, *Months,* 18, *Days.*

Color, White. *Sex,* Male.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Clerk.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, Lifelong.

Place of Death, {Give street and number.} 95 S. Eutaw St.

Cause of Death, {First (Primary,) Consumption.
Second (Immediate.) 3 months.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 8th, 1875

{*Undertaker,* W. A. Saiger
{*Place of Business,* 74 S. Broadway *Address* 95 E. Baltimore St.

J. H. Hinck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

1432

Permit No. 1432,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mariella Linthicum Crist

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Former Wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Arundel Co

Duration of Residence in the City of Baltimore, Since Oct 1874

Place of Death, {Give street and number.} 330 W Lombard St

Cause of Death, {First (Primary,) Consumption

Second (Immediate.) Gradual Exhaustion

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, 6th March 1875

Undertaker, H. J. McCubbin Jr

Place of Business, 16 Light St *Address*

Henry R. Noel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

1433

Permit No. 1433,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Kellermann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* 9 — *Months,* 14. *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria . Germany.

Duration of Residence in the City of Baltimore, since 1859.

Place of Death, {Give street and number.} 93. Eastern avenue

Cause of Death, First (Primary,) Consumption

Second (Immediate,) do —

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, March 7th 1875

Undertaker, Peter Fry

Place of Business, 91 Eastern Ave

G. Dohme, M. D.
Medical Attendant.

Address N. E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1434.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Perry

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* ——— *Months,* ——— *Days.*

Color, Col'd *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and number.} 267 Park Avenue

Cause of Death, {First (Primary,) Disease of Womb

{Second (Immediate,) Cancer Uteri

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 6th 1875

Undertaker, Wm. J. Gray

Place of Business, Mulberry St

James Stewart M. D.

~~Medical Attendant.~~ Committed to Health Dept

Address Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Ann White 267 Park Avenue

[OVER.

Board of Health, City of Baltimore,

Permit No. 1435, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert B. Osbourn

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* Eleven *Months,* ~~three~~ *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Woodyear St- No 46

Cause of Death, {First (Primary,) Capillary Bronchitis
Second (Immediate.) Asphyxia

Duration of Last Sickness, Fourteen days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemt

Date of Burial, March 8th 1875

L. L. Sparrow M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 4 and 6 Druid Hill Avenue *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Death or Death, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1436

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* t, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

ate of Death, March 4th

ull Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary V. Hahn

ex, Male or Female, {Cross out the word not required in this line.} Female

ge, 1 Years, 6 Months, 5 Days.

olor, White Sex,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

ccupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

uration of Residence in the City of Baltimore,

lace of Death, {Give street and number.} Bungay 1458

Cause of Death, { First (Primary,) Scarlatina Anginosa
Second (Immediate,) Exhaustion

uration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

lace of Burial, Western Cemetery

ate of Burial, March 6th 1875

Undertaker, 183. Columbia St.

Place of Business, Ph. J. Dill

C. L. Buddenhagen M. D.
Medical Attendant.

Address 106 Columbia St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish hin forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ing forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1437

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5th 1875

* *Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Haun

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

* *Age,* *Years,* 26 *Months,* 11 *Days.* 6

Color, *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

* *Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

* *Duration of Residence in the City of Baltimore,* " "

Place of Death, {Give street and number.} Chesnut Alley,

Cause of Death, {First (Primary,) Scarlatina,
Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{*Undertaker,* *Address*
{*Place of Business,*

R. J. N. Tall M. D.
Medical Attendant.

158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1438,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* 4 *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Newark New Jersey

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and number.} 202 Bonne st.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, March 6th 1875

Undertaker, John Thacher

Place of Business, No 150 Camden *Address* 76 Place st

Jas. H. Harvey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1439.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1875. 7 a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Lotz

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 28 *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} 181 ~~South~~ Lombard St. (East)

Cause of Death, {First (Primary,) Scrofula

Second (Immediate.)

Duration of Last Sickness, 6 years

All the above information should be furnished by the Physician.

Place of Burial, Western Semitary

Date of Burial, March the 6th 1875

Undertaker, Valentin Dischel

Place of Business, 151 S. Bond Street

W. R. Hay M. D.
Medical Attendant.

Address 19 South Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1440,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sasan Carr.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 105 *Years,* —— *Months,* —— *Days.*

Color, Black *Sex,* Female

~~Married, Single~~, *Widow* ~~or Widower~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 45 E. Dallas Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Old age

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. B. G.

Date of Burial, March 7th 1875

{*Undertaker,* John W. Locke

Place of Business, 45 S. Wolf St.

James A Steuart M. D.

~~Health Officer~~ Commrs of Health

Address Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificat setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the pe deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information from Grandson 43 yrs of ag

Board of Health, City of Baltimore,

Permit No. 14441

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 5th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Harvey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1. *Years,* 10. *Months,* —— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, 22. months

Place of Death, {Give street and number.} 364 Hanover Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Dysthenia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 8th 1875

Undertaker, Chas. F. Herold

Place of Business, 161 Hanover St.

Herman Bruhn M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1442,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 5th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Bittner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 11 *Months,* 1 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 44 Port St. Canton.

Cause of Death, First (Primary,) Catarrhal Fever

Second (Immediate,) Bronchitis

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 7th 1875

C. Edward Miller M. D.
Medical Attendant.

Undertaker, Geo Frothlich

Place of Business, 337 Canton Av *Address* 143 E Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1443.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm & Mary Jones-Infant

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 7 *Days.*

Color, Black *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 165 S. Choptank St

Cause of Death, {First (Primary,) ——— Second (Immediate,) Inanition

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery James A Steuart M. D.

Date of Burial, March 6th 1875 ~~Health Officer~~ Comm'rs of Health

{*Undertaker,* Geo F. Jones Sexton *Address* Registrar

{*Place of Business,* ———

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Information from Leo Walker Midwife)

Board of Health, City of Baltimore,

Permit No. 14414,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, when duly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Scott Harris

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* 6 weeks ~~Days~~

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania Avenue

Duration of Residence in the City of Baltimore, 6 weeks

Place of Death, {Give street and number.} 327 Pennsylvania Avenue

Cause of Death, {First (Primary,) Premature Birth. Second (Immediate.) Debility

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 7

{*Undertaker,* [illegible]

{*Place of Business,* [illegible] Baltimore

P. B. B. Browne M. D.
Medical Attendant.

Address 307 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14455

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Mar 5th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Bridget McKeever

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Dont Know

Place of Death, {Give street and number.} No 11 Chew st. cor Eutaw

Cause of Death, {First (Primary,) Pulmonary Tuberculosis
Second (Immediate,)

Duration of Last Sickness, One year & a half

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cem

Date of Burial, Mar 7th 1875

Undertaker, Jas H Byrne

Place of Business, 63 Front st

Jno Brooke Byrd M. D.
Medical Attendant.

Address 174 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and [illegible] record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1446.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT MAR 6 1875 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Ward

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 84 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Worcester Co Maryland

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give street and number.} 295 S. Charles Street

Cause of Death, First (Primary,) Cold

Second (Immediate,) Old age

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery James A Steuart M. D.

Date of Burial, March 7th 1875 Medical Attendant.

Undertaker, Chas. F. Herold (Comptr. & Registrar)

Place of Business, Hanover St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information, Edwin C. Hall - at whose house She died & the Lady is and Aunt of his Mother

Board of Health, City of Baltimore,

Permit No. 1447.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *duly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR. 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Elenora Diering

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 16 — *Years,* Four *Months,* — — — — *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, — — — — — — None — — — — — — —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md —

Duration of Residence in the City of Baltimore, 16 years and four Months

Place of Death, {Give street and number.} No 279 Canton Avenue Con Wolf

Cause of Death, {First (Primary,) Pulmonary Hemorrhage
Second (Immediate,) — — — — — — — — — — —

Duration of Last Sickness, — — — — Two Hours — — — — — — —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 8th 1875

Undertaker, Geo Froehlich

Place of Business, 337 Canton Av

Thomas J. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square Balt Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 1448,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 6 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 4. 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } S. C. Williamson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 2 Months, 13 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ba. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 11 Madeira alley

Cause of Death, First (Primary,) Marasmus?

Second (Immediate,) & Exhaustion

Duration of Last Sickness, Seven weeks

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Cemetery G. Hamill Rust M. D.

Date of Burial, 7 March Medical Attendant.

Undertaker, Capt Eckhardt

Place of Business, 269 Canton Av. *Address* Balt & Washington 265

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MD. 6 1875 BALTIMORE

Permit No. 1449.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Quinn

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 70 66 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Dressmaker & Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} Aged Women's Home

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Exhausting Diarrhoea

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sunday 7th .75

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light st. *Address* 120 10 N. Carey St

Henry R. Noel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE

Permit No. 1450

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Brady

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 55 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 29 S. Front St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 3 years from infancy

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, March 7th 1875

Undertaker, James O'Byrne

Place of Business, No 63 N. Front St

Thos. Kelly M. D.
Medical Attendant.

Address Fawn & Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 6 1875 BALTIMORE

Permit No. 1451.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Johnston

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 6 *Days.*

Color, Colored *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 6 days

Place of Death, {Give street and number.} 28 Raburn St.

Cause of Death, First (Primary,) Debility

Second (Immediate,) "Spasms" "(Supposed)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 6th 1875

Undertaker, Samuel Chase

Place of Business, Cor. Mills Hanover St.

D. A. Gillian M. D.
Medical Attendant.

Address 25 N. Gruner St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1452

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Carmine Anderson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 14 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Fourteen years

Place of Death, {Give street and number.} 220 Saratoga St Baltimore

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Haemorrhage & Coma

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, March 8th

Undertaker, Wright & McC

Place of Business, 65 S Broadway *Address*

Edward H. Thirst M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 7 1875 BALTIMORE

Permit No. 1453.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ludwig Joseph Scheffer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* *Months,* 20 *Days.*

Color, white *Sex,* male

~~*Married,*~~ *Single,* ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 299 N Central Ave

Cause of Death, {First (Primary,) / Second (Immediate,)} Spasms

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus *Attended* James Steuart M. D.

Date of Burial, March 7 1875 Medical Attendant

{*Undertaker,* Henry Hoeck *Address*

Place of Business, 309 Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Father of Child – George Scheffe

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 1875 BALTIMORE

Permit No. 14574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Harris

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 14 *Days.*

Color, Black *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 70 N. Dallas Street

Cause of Death, First (Primary,) Cold

Second (Immediate,) Bronchites

Duration of Last Sickness, one months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *Jas. A. Steuart* M. D.

Date of Burial, March 7th 1875 ~~Medical Attendant~~

Undertaker, Wm. N. Danger Com'rs. & Register

Place of Business, Chesnut St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information By Grand Father —

Board of Health, City of Baltimore,

Permit No. 4453

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 7 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Lynch

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,* male

Married, ~~Single, Widower, Widow~~, {Cross out the words not required in this line.}

Occupation, Whitewasher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hagerstown Md

Duration of Residence in the City of Baltimore, 46 years

Place of Death, {Give street and number.} 24 Boyd Street

Cause of Death, {First (Primary,) —
Second (Immediate,) Consumption

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 7th 1875

Undertaker, S. W. Chase

Place of Business 198 Howard St *Address*

James H Steuart M. D.
~~Medical Attendant~~
Comptr. & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Dr Lapsan — Attendant

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 3 1875 BALTIMORE

Permit No. 1156.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 3th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan C. Green

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Five *Years,* *Months,* *Days.*

Color, Mulatto *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Dallas St

Cause of Death, First (Primary,) Marasmus.

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Burial Ground

Date of Burial, March 5th 1875

W. H. White, M. D.
Medical Attendant.

Undertaker, John W Locker

Place of Business, 61 South Wolfe St *Address* 330 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death shall have occurred, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 6th of March 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Katharine Leimkühler

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 56 *Years,* 2 *Months,* *Days.*

Color, White *Sex,*

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prussia Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 307 E. Lombard St.

Cause of Death, First (Primary,) Gastro-Enteritis (diarrhoica)

Second (Immediate,) Marasmus

Duration of Last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, H. Aly[illegible]s Cemetery

Date of Burial, 16th March

Undertaker, J. Kohler *Address* 245 E. Lottimore St.

Place of Business 211 E. Lombard St.

J. Heiskell M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 7 1875 BALTIMORE

Permit No. 1458,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 5 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hennarth Brooks

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 28 *Years,* ~~Months,~~ *Days.*

Color, Brown Skin *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Offord Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 18 Sarah Ann St

Cause of Death, {First (Primary,) Typhoidis Pneumonia
Second (Immediate.)

Duration of Last Sickness, February 2 to March 5 1875

All the above information should be furnished by the Physician.

Place of Burial, Laurle Cemetary

Date of Burial, March 7 1875

Undertaker, D. W. Chase

Place of Business, On Hill & Howard St

H Merrill M. D.
Medical Attendant.

Address No 99 North & Pleasant Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1459.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 2 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mch 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac Connor

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 177 N Exeter St

Cause of Death, {First (Primary,) Scarlet Fever
Second (Immediate,) Congestion of Brain

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Winchester Va

Date of Burial, Tuesday 9

Undertaker, James S Burns

Place of Business, 270 Baltimore St *Address*

Jas H Carey M. D.
Medical Attendant.

176 Race St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12460,

HEALTH DEPARTMENT MAR 2 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Charles Horace Posey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} M

Age, 1 *Years,* 5 *Months,* 5 *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 15 Allen Ct

Cause of Death, {First (Primary,) Marasmus

{Second (Immediate.)

Duration of Last Sickness, 20 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 7th 1875

Undertaker, William N. Dungee

Place of Business, No 104 East St.

Geo. L. Kinnamon M. D.
Medical Attendant.

Address 73 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1461

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March. 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Gruebel

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

Sex,

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Upholster

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 35 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 161 Hughes Street

Cause of Death, ~~{First (Primary,)~~ Paralysis of Bowels.

~~{Second (Immediate,)~~

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park City

Date of Burial, March 8 1875

Undertaker, Henry Meyer

Place of Business, 106 N. Howard St. *Address* 201 Hanover St. Baltimore Md

A. M. Dodge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14621.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 7. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary Hazzard

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Months,* 11 *Days.*
Years,

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 158 E. Lombard St.

Cause of Death, First (Primary,) Pneumonia
Second (Immediate,) Convulsions

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Methodist Cem, P.R. G. Glanville Rue M. D.
Medical Attendant.

Date of Burial, March 7th

Undertaker, Wm Fry. *Address* Balt. & Washington St.

Place of Business, 54 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1463

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Lipp

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* — *Months,* 15 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Through life

Place of Death, {Give street and number.} 135 Gilmor St. Baltimore

Cause of Death, {First (Primary,) Pulmonary Consumption; Largt Cavity in Second (Immediate,) left Lung: Tubercular disease of Lungs & Spine.

Duration of Last Sickness, For two years, as I am informed

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetry

Date of Burial, March 8th 1875

S. G. Chew M. D.
Medical Attendant.

Undertaker, Jos. Loane

Place of Business, 568. W. Balto St *Address* 141 Lanvale St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11624

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 6th March 1875. 10 o'clock at night

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georg Jacob Mader

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* 2 *Months,* 12 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, laborer in an Ironfurnace

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Rentkofen, Bavary, Germany

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number.} Ellicott Street Nr 19 (Canton)

Cause of Death, {First (Primary,) / Second (Immediate,)} Apoplexia nervosa cerebri

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, 9th March 1875

Undertaker, John C. Schuck

Place of Business, 265 Aliceanna *Address* S. Wolfert. 117.

William Henkel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1465

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 7th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John P. Lyle

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, white *Sex,*

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Montgomery Co. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Little Sister of the Poor Institution

Cause of Death, First (Primary,)

Second (Immediate,) Paralysis

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cimetery by the Little Sisters of the Poor

Date of Burial, March 8. 1875

Undertaker, Wm. Schultheis

Place of Business, 201 E Monument. *Address* 174 E. Eager st.

Jm. Brooke Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1466

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1466.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 6th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alson D. Thompson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 3. *Months,* 14 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, 3 months 14 days

Place of Death, {Give street and number.} 387. Scott St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 8th 1875

Theodore Cook M. D.
Medical Attendant.

Undertaker, Winstrip Penny

Place of Business, 263 Light St

Address 46. Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1467

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1467.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Giovanni Pessagno

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7. *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} 68 President st

Cause of Death, First (Primary,) Hydrothorax

Second (Immediate,)

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick Cemetery

Date of Burial, March 8th 1875

Undertaker, Hamden & Sisco

Place of Business, Fredk.

R. L. Hammond M. D.
Medical Attendant.

Address 73 E. Pratt Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 1468

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Ida E. Stule

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 68 S. Republican St.

Cause of Death, {First (Primary,) Pneumonia
{Second (Immediate,)

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, March 8

{*Undertaker,* S B Cook

{*Place of Business,* No 707 W Balto *Address* 558 W Lafayette St

John Neff *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1469.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of DECEASED, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1875 5 P M

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Bowier

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* 9 *Months,* 25 *Days.*

Color, Colored *Sex,* Female

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 24 yrs

Place of Death, {Give street and number.} 31 Orchard St

Cause of Death, { First (Primary,) Phthisis Pulmonalis
Second (Immediate,)

Duration of Last Sickness, abt 8 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 8th 1875

R Winslow M. D.
Medical Attendant.

{ *Undertaker,* John 6 Jordon
{ *Place of Business,* No 63 Park st *Address* 23 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1470,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sallie Carter

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, Black *Sex,*

~~Married~~, ~~Single~~, Widow or ~~Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number.} 189 Fine St

Cause of Death, {First (Primary,) Pneumonia
Second (Immediate,) Typhoid Pneumonia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 8th 1875

{*Undertaker,* John C Ivon
Place of Business, 1063 Park Av *Address*

Jas G Wiltshire M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1471

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 5th March 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Cole

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* 6 *Months,* *Days.*

Color, Black *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 2 Lewis St

Cause of Death, {First (Primary,) Cerebro Spinial. / Second (Immediate,) Meningitis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Burial Ground

Date of Burial, March 8th 1875

Undertaker, John W. Locke

Place of Business, 65 South Wolf St

Wm. L. Purnell M. D.
Medical Attendant.

Address 1 Broadway & Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1472

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 7th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matilda A. Gibson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One Year ~~Years~~, One *Month*, Nine *Days*.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, One Year, One Month, One day

Place of Death, {Give street and number.} No. 229 Edmondson.

Cause of Death, {First (Primary,) / Second (Immediate.)} Scarlet Fever

Duration of Last Sickness, Nine Days

All the above information should be furnished by the Physician.

Place of Burial, Balt. County

Date of Burial, March 8th

{*Undertaker,* Wm Fry, / *Place of Business,* 54 W. Baltimore} *Address*

Wm H. Clendinen, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty he Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish hin forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate g forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ed, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 1473.

Board of Health, City of Baltimore,

Permit No. 1473.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 7

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carolin Smith (Frederick Smith deceased) Infant Charles Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 3 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 117. Ledenhall St

Duration of Residence in the City of Baltimore, 3 days

Place of Death, {Give street and number.} 117 Ledenhall St

Cause of Death, First (Primary,) Not known: Had no Physician (Had a Midwife) I dont attended them nor to: but did not See the Child

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem ty

Date of Burial, March 8th 1875 Theodore Dorsey M. D.

Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Cor Sharp & Crass. sts *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14741

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 6 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Fitzsimons

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* 4 *Months,* ——— *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city.

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 10. L. Front St

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Congs. Spinal symptoms

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Saint Vincents Cemetary

Date of Burial, 8 of March

Undertaker, Wm. J. Hughes

Place of Business, 60 E. Pratt

Abram B. Arnold M. D.
Medical Attendant.

Address 507 Lark Hughes

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 1475.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Franz Joseph Fornhoven

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, four *Years,* ten *Months,* fourteen *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 1518 Eastern Ave

Cause of Death, {First (Primary,) Scarlet fever / Malignant form

Second (Immediate,) Exhaustion.

Duration of Last Sickness, four days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, March 9/75

{*Undertaker,* Geo Schilling

{*Place of Business,* No 212 E. Monument st

C. F. Fornhoven M. D.

Medical Attendant.

Address 1187 E. Monument st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1476.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel Allen

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, Mulatto *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and number.} 53 Penny st

Cause of Death, {First (Primary,) over dose of oil of wormseed

{Second (Immediate.)

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Sharp Hts Cemetery

Date of Burial, March 8th 2 o'clock P.M.

Undertaker, Samuel Chase

Place of Business, Corner Sharp St *Address* Cor Lee & Conner sts

O. A. Cooke M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1477.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 6th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Graves

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 12 *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 109 Wilcome alley

Cause of Death, {First (Primary,) Congestion of Brain

{Second (Immediate,) 8 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, March 9th

Undertaker, H. H. C. Perry

Place of Business, 1113 N. Eutaw

Address 146 Hanover

Theodore Ake M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish thin forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ing forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person eased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 1478.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Brown

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} .....

Age, 33. *Years,* —— *Months,* —— *Days.*

Color, Black. *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and number.} 78 Goodmans alley

Cause of Death, {First (Primary,) Want of proper food

{Second (Immediate,) Phthisis

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 8th

Theodore Dorsey M. D.
Medical Attendant.

{*Undertaker,* H. H. Gore

{*Place of Business,* 418 N. Balto. *Address* 146 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 1479.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 6th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James. Marlow

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 35 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County Louth. Ireland.

Duration of Residence in the City of Baltimore, 10 yrs.

Place of Death, {Give street and number.} Barrough-st. ho. Nuns. Headtown.

Cause of Death, First (Primary,) Internal injuries & compound comminuted fracture (double) of femur.

Second (Immediate,)

Duration of Last Sickness, Lived 2½ hours after injury.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, March 8 1875

Undertaker, Matthias A. Dargen

Place of Business, 714 S. Broadway

A. T. Clarke – M. D.
Medical Attendant.

Address S. W. corner Fourth & Castle Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1480.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Rosina Carlmyer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 3 *Months,* 11 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 137 Bank St. near and Sc.

Cause of Death, First (Primary,) Scarlet Fever - Malignant.

Second (Immediate,)

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Cemetery *Date of Burial,* Feb 9th

C. Edward Hiller M. D.
Medical Attendant.

Undertaker, W. Tippet

Place of Business, South Broadway *Address* 143 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1481.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ernst. A Fustichel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 Years, 1. Months, 11. Days.

Color, White *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Grocer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 23 years.

Place of Death, {Give street and number.} Cor. Myrtle av. & Franklin Sts

Cause of Death, First (Primary,) fracture of left tibia & fibula

Second (Immediate,) Hernia & Peritonitis

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Balte. Cemetery

Date of Burial, 9th March 1875

Undertaker, Andrew Leib

Place of Business, 118 Druid hill Ave

Louis G Horn M. D.
Medical Attendant.

Address Cor Mulberry st & Myrtle Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1482,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 6. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Geo. H. Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 7 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 111 Franklin St.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Ulcerations of Fauces

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, March 8 1875

Undertaker, Chas. Koerting

Place of Business, 136 E. Fayette St

G. Glanville Rusk, M. D.
Medical Attendant.

Address Balt. Washington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1483,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 7th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Paul S. Elliott

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* 6, *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 251. William Balt. Md

Duration of Residence in the City of Baltimore, 2. months 6. days

Place of Death, {Give street and number.} 251. William st

Cause of Death, First (Primary,)

Second (Immediate,) Insanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bala Cem

Date of Burial, March 9th 1875

Undertaker, Worthy Deny

Place of Business, 263 Light st

By Theodore Dodd M. D.
Medical Attendant.

Address 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 1484

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1484

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Saturday March 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Lynch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Grocer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland In U.S. 25 years

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and number.} 318 East one Hundred

Cause of Death, First (Primary,) Phthisis

Second (Immediate.)

Duration of Last Sickness, about 8 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 9 March 1875

Undertaker, Chas Keiser

Place of Business, 221 N Eutaw St *Address* 129 N. Eutaw St Baltimore

G Lane Taneyhill *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1485

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucy J. Hunt.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 27 *Years,* 11 *Months,* 21 *Days.*

Color, White *Sex,* Female.

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} East Weymouth Mass.

Duration of Residence in the City of Baltimore, 1st Mo's

Place of Death, {Give street and number.} 70 N. Charles St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Debility

Duration of Last Sickness, 2 years!

All the above information should be furnished by the Physician.

Place of Burial, E. Weymouth Mass. *Physician* Edmund Slemm *M. D.*

Date of Burial, March 10. 1875 ~~Medical Attendant~~

Undertaker, W. J. Boyce *Address* Compton & Ryston

Place of Business, Liberty St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by husband. attended Dr. Medders. Cancer & Intestines

Board of Health, City of Baltimore,

Permit No. 1486.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel W. Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, (1) One *Year,* Seventy *Months,* One (1) *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Chester Pa,

Duration of Residence in the City of Baltimore, Six Months

Place of Death, {Give street and number.} No 6 Forney Alley

Cause of Death, First (Primary,) Malformation of Chest Constricting heart & lungs

Second (Immediate,) Bronchitis

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 8 1875

Undertaker, H H Chase

Place of Business, No 198 N Howard

Address J Zepp M. D. Medical Attendant. 90 N Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1187.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Hannah J. Albaugh

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Twenty (28) eight Years, Months, Days.

Color, White Sex, Female.

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co. Md

Duration of Residence in the City of Baltimore, Seven years

Place of Death, {Give street and number.} 89 E. Fayette st

Cause of Death, {First (Primary,) Puerperal Pyaemia
{Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, March 9th 1875. D. Flannery M. D.

Date of Burial, Harford Co Md

Undertaker, Wm. H. Hickman Medical Attendant.

Place of Business, No. 234 N. Gay St Address 129 N. High st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(46)

[OVER.

Board of Health, City of Baltimore,

Permit No. 1188.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 7 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Horn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 3 *Months,* 5 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 20 Bank.

Cause of Death, First (Primary,) Brain disease

Second (Immediate.) Convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, March 9th

Undertaker, Michael Funk

Place of Business, No. 85 Bank St. *Address*

Wm. B. Chunn *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1189. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Walter B. Stubbs

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 9 Months, Days.

Color, White Sex, Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 150 Hanover St

Cause of Death, First (Primary,)

Second (Immediate.) Acute Hydrocephalus

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 10th 1875

Undertaker, John L Mackie

Place of Business, No 150 Camden st

I. C. Burch M. D.
Medical Attendant.

Address 141 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1190

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 1190.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary Kate Child,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~0 Years~~ 21 *Years,* 9 *Months,* — *Days.*

Color, White *Sex,* Female.

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland.

~~*Duration*~~ *of Residence in the City of Baltimore,* During life.

Place of Death, {Give street and number.} 15 Jackson Square.

Cause of Death, {First (Primary,) Acute Bright's disease,
Second (Immediate.)

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Mar 9/1875

Undertaker, Hughes & Co

Place of Business, 65 & Broadway *Address* 75 E. Baltimore St.

J. H. Hanck, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14911

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Elizabeth~~ Daniels Jennie

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, Three *Years,* Ten *Months,* fifteen *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Child

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} 211 S Pacca St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Congestion of Brain

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Log St Cemetery

Date of Burial, 9 March

{*Undertaker,* W. L. Lee

{*Place of Business,* 183 Columbia St *Address* 76 Stiles St

Jas Kinney *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1492

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Ann Carey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* 16 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 35 S Lombard St

Cause of Death, {First (Primary,) Cancer of Uterus
Second (Immediate,) Seven Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 9 1875

Undertaker, James P Byrne *Address* 357 W Broadway

Place of Business, N° 63 N Gay St

W. H. White, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1493. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Keller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Twenty five *Years,* *Months,* *Days.*

Color, African *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} Ridgely Court

Cause of Death, {First (Primary,) Consumption,
Second (Immediate.)}

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 9 1875.

Undertaker, W M Chase

Place of Business, No 192 Howard St.

John R. White M. D.
Medical Attendant.

Address Southern Dispensary.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1494

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sunday Mch 7th 75 9 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Hall

~~Sex~~, *Male* or ~~Female~~ {(Erase the word not required in this line.)}

Age, ~~Years~~, ~~Months~~, 21 days ~~Days.~~

Color, Blk *Sex,*

~~Married~~, *Single,* ~~Widow or Widower~~ {(Erase words not required in this line.)}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} S Boyd St Balto Md

Duration of Residence in the City of Baltimore, 21 days

Place of Death, {Give street and number.} S Boyd N. Fremont

Cause of Death, {First (Primary,) Second (Immediate,)} Pertussis

Duration of Last Sickness, Probably 18 or 20 days - Saw child last Sunday

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 9 1875

Lewis M Rashman M. D.
Medical Attendant.

Undertaker, C H Chase

Place of Business, No 198 N Howard Address 249 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1495

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 8.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} V. Jeremiah Gould

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* ——— *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ball. Md

Duration of Residence in the City of Baltimore, 3 Years 3 Months

Place of Death, {Give street and number.} 280. S Howard St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 9 1875

Richard Cotton M. D.
Medical Attendant.

Undertaker, J W Chase

Place of Business, 198 S. Howard St *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1496,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March ~~Sept~~ 8 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Wilson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Wood sawyer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore Md.

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 8 Elder Alley

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) Debility

Duration of Last Sickness, 14 years

All the above information should be furnished by the Physician.

Place of Burial, ~~Edmondson~~ the Cemetery

Date of Burial, March 10 1875

Undertaker, S H Chase

Place of Business, 218 Howard St *Address*

D. J. McRae M. D.
Medical Attendant.

154 Sharp St
per J. McR.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1497.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph McConnell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 494 E Baltimore Monument St

Cause of Death, First (Primary,) Croup

Second (Immediate.) Pneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemt

Date of Burial, March 9–1875

Undertaker, John J Rodenmayer Co

Place of Business, 102 E Monument St *Address*

Milton A Taylor *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1498.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 8th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H Diering

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* 3 *Months,* 7 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, {Give street and number.} 362 Hanover st

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlet Fever

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Bath'o Cemetary

Date of Burial, Mch 10th 1875

Thos Ford M. D.
Medical Attendant.

Undertaker, Ch. Weber

Place of Business, 362 Hanoverstrit. *Address* 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14991

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 7 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alfred A Bassin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 31 *Years,* 1 mk *Months,* ~~*Days.*~~

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Salesman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During his life

Place of Death, {Give street and number.} 32 3k Penna. Ave

Cause of Death, First (Primary,) Pleuro Pneumonia

Second (Immediate,) Asphyxia

Duration of Last Sickness, 1 hr 32 K

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, March 11th

Undertaker, Wm. J. Tickner

Place of Business, 65 S. Eutaw st *Address* 535 N Green st

W. J. Tilkemp M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1500

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 8th March 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Oscar Mack

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* 7 *Days.*

Color, Black *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} # 8. Hamilton St.

Cause of Death, First (Primary,) Teething & Whooping Cough

Second (Immediate,) Convulsions

Duration of Last Sickness, 8 Days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 9th 1875

Undertaker, Wm Lamb Geo

Place of Business, 15 Hunter St

J. W. Owings M. D.
Medical Attendant.

Address 166 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

1501

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1501

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Marie Eichelberger

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, _____ *Years,* One *Months,* Five *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, _____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 41 Whiteford St.

Duration of Residence in the City of Baltimore, All its life-time

Place of Death, {Give street and number.} 41 Whiteford St.

Cause of Death, First (Primary,) _____

Second (Immediate.) Convulsions

Duration of Last Sickness, Thirty-six hours.

All the above information should be furnished by the Physician.

Place of Burial, Ph. Christ Church

Date of Burial, March 9th 1875

Undertaker, Jno. Schilling

Place of Business, 16 7th Penn ave

William H. Murray M. D.
Medical Attendant.

Address Patterson ave & Stricker st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

1502

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1502

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death occurred, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 7 '75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward L Cunningham

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} male

Age, 32 *Years,* *Months,* *Days.*

Color, white *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Captain Schoone Commerce Oyster vessel

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} on board Schooner Commerce

Cause of Death, {First (Primary,) / Second (Immediate.)} 1 Bilious Colic 2

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, March 9 1875

Undertaker, James J Byrne

Place of Business, N° 63 Baltimore St.

Edmund R Walker M. D.

~~Medical~~ Attendant.

Comm on P. Port

Address 150 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

1503

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1503,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death, and the undertaker or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Mar 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Gregg

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 6 *Years,* 5 *Months,* 2 0 *Days.*

Color, Col *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Nurse

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 1 year & 6 mos

Place of Death, {Give street and number.} 55 Burgundy al.

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Typhoid Pneumonia

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 9th 75

Undertaker, John B. Williams

Place of Business, 107 Lee st City

C. S. Johnson M. D.
Medical Attendant.

Address 177 Conway City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

1504

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1504

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Crouch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 23 McHenry ct

Cause of Death, First (Primary,) Valvular disease of Heart

Second (Immediate,) Dropsy

Duration of Last Sickness, not known

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, March 9th 1875

Undertaker, Chas. A. Snyder

Place of Business, Nr. 520 N. Balto *Address* 76 Pleasant

Jas. Heaney M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

1505

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1505.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary M. Pindell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 84 *Years,* One *Months,* *Days.*

Color, Mulatto *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hagerstown Md.

Duration of Residence in the City of Baltimore, 43 years

Place of Death, {Give street and number.} 227 South Eutaw St.

Cause of Death, First (Primary,) Softening of Brain

Second (Immediate.) Apoplexy

Duration of Last Sickness, Six months and 26 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mch. 10 1875

Undertaker, John G Jordon

Place of Business, 63 Park Ave

R. M. Hall M. D.
Medical Attendant.

Address 266 N. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

1506

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1506,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Parker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* Five *Months,* *Days.*

Color, Brown *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 327 South Howard st.

Cause of Death, {First (Primary,) Scrofula

{Second (Immediate,)

Duration of Last Sickness, Since its birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary R.M. Hall M. D.

Date of Burial, March 10= Medical Attendant.

{*Undertaker,* James H Davis *Address* 266 S. Sharp st.

{*Place of Business,* No 12 Saratoga st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

1507

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1507,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE.

CERTIFICATE OF DEATH,

Date of Death, March 8th 1875. 4. P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jennie Hahn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* *Months,* 21 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 119 Low st. Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 119 Low st. Balto. City

Cause of Death, First (Primary,) Cyanosis

Second (Immediate,) bronchial Catarrh

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery Pierre G. Dausch M. D.

Medical Attendant.

Date of Burial, March 9th 75

Undertaker, Geo Schilling *Address* 27 N. Broadway

Place of Business, No 212 E. Monument st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

1508

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE

Permit No. 1508.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Dugan

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 74 *Years,* *Months,* *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} 71 Hollins

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Ulceration of the bowels

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem'y

Date of Burial, March 9th 1875

Undertaker, Jos F Byrne

Place of Business, 59 n Liberty st

Edwd J Mitchell M. D.
Medical Attendant.

Address 279 W. Lombard.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 1509

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE

Permit No. 1509.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas P. McKeon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 1 (10) *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Lowndes to 40

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemt

Date of Burial, March 9-75

E. C. Baldwin M. D.
Medical Attendant.

Undertaker, John S. Rodenmayer

Place of Business, 102 E Monument *Address* 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

1510

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1570.

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8th March 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Katura Whalen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 85 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 313 Franklin St

Cause of Death, { First (Primary,) Old Age
Second (Immediate,) Dont Know

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Westernly Cemetery

Date of Burial, 10th March 10, O'Clock

{ *Undertaker,* J. B. Blackistone & Son
{ *Place of Business,* 606 West Pratt St *Address* 231 Franklin

N. W. Little, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 1511

Permit No. 1571

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fannie Jane Welch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 1 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, At School

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} Balto Barnt St No 12

Cause of Death, {First (Primary,) Cerebritis / Second (Immediate.)

Duration of Last Sickness, About two months

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Burial ground

Date of Burial, Thu. March 11th 1875 N R. Smith M. D.
Medical Attendant.

Undertaker, John H. Weaver

Place of Business, 22 W. Baltimore St *Address* Saratoga St No 89 Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1512

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1512

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Baker

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Twenty five *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Twenty five year

Place of Death, {Give street and number.} No 175 Bank St

Cause of Death, {First (Primary,) Consumption / Second (Immediate,)

Duration of Last Sickness, Eight Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery | Nicholas L Dashiell *M. D.*

Date of Burial, March 10/75 | Medical Attendant.

{*Undertaker,* Campbell *Address* 217 S Broadway

{*Place of Business,* 5th n Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 1513

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1513.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 7. March 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Mary~~ Kate Kelly

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* 7 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, 6 months 7 days

Place of Death, {Give street and number.} 364 S Charles St

Cause of Death, {First (Primary,) Tubercular Meningitis
{Second (Immediate,)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery Hebron Ford M.D.
Medical Attendant.

Date of Burial, March 10th.

{*Undertaker,* Sam Burns *Address* 146 Hanover St
{*Place of Business,* 63 N Frank St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

No 1514

Permit No. 1574

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 9th at 2 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Thomas

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, Years, 16 Months, 4 M Days.

Color, Colored Sex, male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 16 Mo 24 da

Place of Death, {Give street and number.} 224 N Dinham st

Cause of Death, First (Primary,) Cold

Second (Immediate.) Bronchial

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, 10 March

Undertaker, Wm Fry

Place of Business, 54 N Howard

John H Conner M. D.
Medical Attendant.

Address 210 E Ball st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 1515

Permit No. 13754

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 9th of March 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Edward Freman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Sixty Eight *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, Twenty Five years

Place of Death, { Give street and number. } Apt House Head of Aisquith between Old age

Cause of Death, { First (Primary,) Apoplexy

Second (Immediate.) Not known

Duration of Last Sickness, Not known

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 11th 1875

{ *Undertaker,* H. Schultheis

{ *Place of Business,* E Monument Sq *Address*

J. B. Boyle *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1516

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1516

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas H. Denison

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} .....

Age, 38 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 511 West Fayette St.

Cause of Death, {First (Primary,) Severe Cold

{Second (Immediate.) Pneumonia

Duration of Last Sickness, Dr. not know. Visited him but twice

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery. Milton S. Taylor. M. D.

Medical Attendant.

Date of Burial, March 10th 1875

{*Undertaker,* Wm. H. Hickman *Address*

{*Place of Business,* 234 N. Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1517

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1517.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles B. McKeon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Five *Years,* Two *Months,* Ten *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Low near No 40

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, March 11th

Undertaker, John I Podesmajer

Place of Business, 102 E Monument

E. G. Baldwin M. D.
Medical Attendant.

Address 124 n. Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 1518

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of [illegible] or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Maria Louisa Hewitt

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female.

Age, 45 *Years,* 2 *Months,* 8 *Days.*

Color, White. *Sex,* Female.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married.

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 85 E. Pratt St.

Cause of Death, First (Primary,) Asthenic Pneumonia. (Double.)

Second (Immediate.)

Duration of Last Sickness, 7 Days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemy

Date of Burial, 11th March 1875

Undertaker, Thos S Hughes

Place of Business, 66 E Balto St

Jno F Powell. M. D.
Medical Attendant.

Address 72 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1519

Board of Health, City of Baltimore,

Permit No. 1519,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March ninth 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Hahn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 91 *Years,* 2 *Months,* *Days.*

Color, white *Sex,* male

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} London.

Duration of Residence in the City of Baltimore, 80 Years

Place of Death, {Give street and number.} Courtland ner 57.

Cause of Death, First (Primary,) old age

Second (Immediate,) Congestion of the Brain

Duration of Last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 11th 1875

Undertaker, John S Mackin

Place of Business, 1107 S Paca St

Dr. T. Page M. D.

Medical Attendant.

Address 220 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 1520

Permit No. 1520.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3 mo. 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Dolbin

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 89 Years, 6 Months, Days.

Color, White *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hanover Pennsylvania

Duration of Residence in the City of Baltimore, 80 years.

Place of Death, {Give street and number.} 56 Baltimore St. East

Cause of Death, First (Primary,) Debility

Second (Immediate,) Fall. Fracture Arm.

Duration of Last Sickness, 18 days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 10th 1875

Wm Riley M. D.
Medical Attendant.

Undertaker, Henry Hutchinson

Place of Business, Light St *Address* 47 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1521

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 9th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Canis Neal

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, Years, Five (5) Months, Forty-eight (48) Days.

Color, Colored Sex, Male

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 175 S. Durham

Cause of Death, { First (Primary,) Scarlatina / Second (Immediate,) Cerebral Congestion Bronchitis

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, March 10th 1875

Undertaker, John W Locke

Place of Business, 65 S. Wolf st

G. L. Wilkins M. D.
Medical Attendant.

Address 69 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1522,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Neal / Neall

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* 2 *Days.*

Color, Colored *Sex,* Male

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth, Part of both

Place of Death, {Give street and number.} 175 So. Dunham

Cause of Death, {First (Primary,) Scarlatina

{Second (Immediate.)} Anasarca (Renal Dropsy).

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetry

Date of Burial, March 10th 1875

{*Undertaker,* John W Sacks

{*Place of Business,* 65 S. Wolfe St - *Address* 69 S. Broadway

G. L. Wilkins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1623,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elmina R. Sand

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* 10 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Baker St. (No Number)

Cause of Death, First (Primary.) Tubercular Meningitis,

Second (Immediate.) Hydrocephalus,

Duration of Last Sickness, 21 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetary

Date of Burial, 12 of March

Undertaker, C. Wiegand *Address* 77 George St

Place of Business, 53 Druid Hill Ave

H. R. Fletcher M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15244

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 9th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Smallwood

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, Colored *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Arundel Co Md

Duration of Residence in the City of Baltimore, 4 or 5 years

Place of Death, {Give street and number.} No 317 Lemmon st

Cause of Death, First (Primary,) Accidentally shot by

Second (Immediate,) Gun Shot Wound

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, March 10 1875

Undertaker, W. Donovan

Place of Business, 6 Bank St *Address* 136 Dolphin

Edmd Kinsley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1525

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 9th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Had no name {mothers name, Jane Coxen}

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Col'd ~~Years.~~ ~~Months.~~ 6 weeks ~~Days.~~

Color, Col'd *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 8 Eutaw Court

Cause of Death, {First (Primary,) Dont Know

Second (Immediate.) I never saw the child but once, on the

Duration of Last Sickness, 4th inst, and dont know anything about it

All the above information should be furnished by the Physician. I think baby had fits or threw at the time I saw it, a week ago

R Winslow M. D.

Medical Attendant.

23 McCulloh St

Place of Burial, Sarral Cimetry

Date of Burial, March 10 1875

Undertaker, D. B. Nelson

Place of Business, 1040 Myrtle av *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1526.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Mar 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Eliz. Myer

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* 5 *Months,* — *Days.*

Color, White *Sex,* Widow

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 16 years

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} No 110 Mulberry St.

Cause of Death, { First (Primary,) ~~Hemiplegia~~ Paralysis

{ Second (Immediate.) 5 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemty H. Jenkins. M. D.
Medical Attendant.

Date of Burial, March 11th 1875

Undertaker, F. Miller *Address* 148 Mul. St.

Place of Business, 86 N. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1527

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susannah H Addison

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 9 *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 616 W. Fayette St Baltimore

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) ~~Hiccup~~ Heart disease

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery *Pembroke M. Wemble* M. D.

Medical Attendant.

Date of Burial, March 11th 1875

Undertaker, John L Thacker

Place of Business, No 150 Camden St *Address* No 203 W. Lombard St

B.C.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1528

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 1 P.M. 8th March 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Nicholson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 39 *Years,* 1 *Months,* 2 *Days.*

Color, Colored *Sex,* Male

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.} Single

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 39 years, 1 month

Place of Death, {Give street and number.} In a court in rear of 1 [illegible]

Cause of Death, First (Primary,) Dropsy Came on two days before death

Second (Immediate,) Died two days after taken

Duration of Last Sickness, Two days as to Dropsy

All the above information should be furnished by the Physician. I report what was told me

Place of Burial, Cathedral Cemetery

Date of Burial, March 10 1875

Undertaker, J M Chase

Place of Business, No 198 Howard St *Address* [illegible]

[illegible] M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1529

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca J. Bayley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 81 Frederick St

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate.) Debility & Exhaustion

6 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 11 1875

Undertaker, R. Kenwickerson

Place of Business, Howard St. *Address* No 10 N. Howard St

Geo. K. Keech M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE.

Permit No. 1530,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 9th March 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Butler

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 18 *Years,* 4 *Months,* *Days.*

Color, Black *Sex,*

~~Married,~~ *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give street and number.} no 41 n Chapel st

Cause of Death, { First (Primary,) Tubercular Consumption
{ Second (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks graveyard Wm. L. Russell M. D.
Medical Attendant.

Date of Burial, March 11th 1875

Undertaker, H. Köhler *Address* Broadway & Madison sts

Place of Business, 144 E. Lombard st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1531.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Ann Johnson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 37 *Years,* *Months,* *Days.*

Color, Black *Sex,* female

Married, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, life long

Place of Death, {Give street and number.} 21 Forest St

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,)

Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *D Webster Cathell* M. D.

Medical Attendant.

Date of Burial, March 11th 1875

Undertaker, William N. Dunger *Address* 41 Exeter St

Place of Business, No 104 East St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1532

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, (when properly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~January~~ 10th 1875. March

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Charles Mier

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* 4 *Months,* 4 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 44 McCulloh St.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 44 McCulloh St.

Cause of Death, { First (Primary,) Abscess. probably Some Congenital
{ Second (Immediate,) imperfection

Duration of Last Sickness, One day and half

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. Da Harry Thomas M. D.

Date of Burial, Thursday, March 11th Medical Attendant.

{ *Undertaker,* H. W. Jenkins & Son *Address*

{ *Place of Business,* ~~Lee~~ 16 Light st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1533

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 10 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John Coyne Sr

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 92 *Years,* *Months,* *Days.*

Color, W. *Sex,* Male

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the words not required in this line.}

Occupation, Gentleman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore. Twenty four years.

Place of Death, {Give street and number.} 181 S. Charles St.

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, eight hours

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem. D. W. Webster M. D.

Date of Burial, Saturday Mar. 13th Medical Attendant.

Undertaker, H. M. Jenkins Son *Address* 54 Barrett

Place of Business, 16 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1534

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Frederick Gustav Siegmund

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, *Years,* Seven *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } # 19 Wilkens Avenue

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 19 Wilkens Avenue

Cause of Death, { First (Primary,) Pneumonia

{ Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, March 11th 1875

{ *Undertaker,* John ? Paulus

{ *Place of Business,* 66 Frederick Ave.

James F. Smith M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1535,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 10th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Greene

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 Years *Years,* ——— *Months,* ——— *Days.*

Color, ~~Negro~~ Child *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anarundle Co Md

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give street and number.} 38 Penna Av

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) ———

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Locust Cemetery

Date of Burial, Thursday March 11th

Undertaker, ~~Mr Smith~~

Place of Business, 65 ~~Smith~~ Mulberry St

John B Pennington M. D.
Medical Attendant.

Address 210 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore. No. 1536

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1536.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate properly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Mch 8th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt Andrew Magee

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, One *Year,* Six *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} No 6 Wales Court

Cause of Death, {First (Primary,) Pneumonitis

{Second (Immediate,) Pneumonitis

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Mch 10th

Undertaker, Sydney Gray

Place of Business, Mulberry St near Park

W W Autrim M. D.
Medical Attendant.

Address 192 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1537

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1537.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 10th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rose C. Bradekamp

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* 4 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, 2 years 5 months 4 days

Place of Death, {Give street and number.} 277 Sharp st

Cause of Death, First (Primary,) ~~do~~ Hydrocephalus.

Second (Immediate,)

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, March 12th 1875

Undertaker, Wm. Koether

Place of Business, 146 Hanover

Address 146 Hanover

Chas. Sharpe Orr M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 1538

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1538

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *when filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} James Lordow

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single,* Wid[illegible], {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} In the Poor House

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, At Cathedral Cemetery

Date of Burial, March 11 1875

{*Undertaker,* Jones & Byrne

{*Place of Business,* No 63 W. Fayette St

Geo. Rupp M. D.
Medical Attendant.

Address Washington Hill Depot

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1539.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 10th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theodora C. DuBois

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* 2 *Months,* 27 *Days.*

Color, White *Sex,*

Married, ~~Single~~, ~~Widow~~ or ~~Widower,~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore. Md.

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 129 N. Central av.

Cause of Death, {First (Primary,) Cancer Uterus
Second (Immediate.) Peritonitis

Duration of Last Sickness, Six Months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 12th 1875

{*Undertaker,* M. A. Daye
Place of Business, 74 S. Broadway

S. T. Coyner M. D.
Medical Attendant.

Address 129 N High.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1540

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1540.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 9th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margut Matilda Wilson

~~Sex~~, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, One *Years,* two *Months,* two *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 11 Morris Alley.

Cause of Death, First (Primary,) Bronchitis Capillary

Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery L. K. Musick M. D.

Medical Attendant.

Date of Burial, March 10 1875

Undertaker, W. H. Chase

Place of Business, No 198 N. Howard St. *Address* No. 131 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1541

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

No. 1541

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1541.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Grant

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 76 *Years,* Eleven *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert County

Duration of Residence in the City of Baltimore, 7 Yrs

Place of Death, {Give street and number.} No 61 Penn St

Cause of Death, First (Primary,) Unknown

Second (Immediate,) Suddenly

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Comfort

Date of Burial, March 11 1875

Undertaker, C S & C Sage

Place of Business, No 198 Howard St *Address*

Thos F Stone *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1542.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Paul

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 8 Mo Years, 2 Months, Days.

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Colporter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, fifty five years

Place of Death, {Give street and number.} 388 Pennsylvania Avenue

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) Pulmonary Congestion.

Duration of Last Sickness, Fourteen days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, March 11

Undertaker, J H Chalmers

Place of Business, Penn Av 262

Marbury Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15713.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James H Conny Crosby

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 8 Mo *Years,* ——— *Months,* ——— *Days.*

Color, Col'd *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 149 Gorsh St

Duration of Residence in the City of Baltimore, 10

Place of Death, {Give street and number.} 149 Gorsh St

Cause of Death, {First (Primary,) Scarlatina Anginosa
Second (Immediate.)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 12 1875

Undertaker, S W Chase

Place of Business, No 198 S Broad St, *Address* 114 Hanover St Balto Md

Geo. W. Binsad M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15114

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 10 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lena Thisler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* 6 *Days.*

Color, White — *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.e City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} W.m 216 Hanford avenue

Cause of Death, First (Primary,) Convulsions

Second (Immediate.)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore James A Stewart M. D.

Date of Burial, March 11. 1875. ~~Medical Attendant.~~

Undertaker, Henry Heck Camp & Pulaski

Place of Business, 309 South Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information given by the parties of Middle

No. 1343

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1575,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Loretta Ball

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 9 one *Months,* *Days.*

Color, col *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Mathews No 2

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 11th 1875.

E. C. Baldwin M. D.
Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 294 N. Gay St. *Address* 124 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13246.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

VITAL STATISTICS DEPARTMENT MAR 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 10 at 1.30. p. m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Grimes

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 53 *Years,* 3 *Months,* 7 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married widow.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Alexandria Virg.

Duration of Residence in the City of Baltimore, 5. Years

Place of Death, {Give street and number.} 263 Gay Street

Cause of Death, First (Primary,) —

Second (Immediate.) Hydrops Abdominalis. Dropsy

Duration of Last Sickness, One Year "

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County Co. Lib. M. D.

Date of Burial, March 12/75 Medical Attendant.

Undertaker, Wm H. Hutchman

Place of Business, 1234 Gay *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1547.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Washington Roberts

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Years, 16 Months, 28 Days.

Color, White Sex, Male

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life Long

Place of Death, {Give street and number.} 185 Exeter St

Cause of Death, First (Primary,) Impelled by fall

Second (Immediate,) Congestion of Brain with Convulsions

Duration of Last Sickness, four Days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cem

Date of Burial, March 11th 1875

D Webster Bartlett M. D.
Medical Attendant.

Undertaker, John S Rodenmayer Address 27 Exeter St

Place of Business, 102 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1548,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Henry J. Schofield

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 21 *Years.* 6 *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Clerk

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } Merchants Hotel Baltimore City

Cause of Death, { First (Primary,) / Second (Immediate,) } Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Catholic Cem J. Lowry Hill M. D.

Medical Attendant.

Date of Burial, Mar 13th 75

Undertaker, Jas P Byrne

Place of Business, 63 Front st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1379.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 9 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adeline Lewis Infant

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 9 *Days.*

Color, Black *Sex,* Female

~~Married~~, ~~Single~~, *Widow or Widower,* {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 3 Gelston Court

Cause of Death, {First (Primary,) Spasms

{Second (Immediate,) 2 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field

Date of Burial, March 11 1875

Undertaker, M. H. C. Perry

Place of Business, Pratt St.

James A. Steuart M. D.
Medical Assistant.

Camp H. J. Raynor

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1530.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 9 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Cunidy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 64 *Years,* — *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 52 S. Frederick St

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery *Attended by* Abram B Arnold *M. D.*

Date of Burial, March 12th Medical Attendant.

Undertaker, J F Byrne

Place of Business, 630 N Front *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1531

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 10th 12½ P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George King

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 78 — *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Retired from business 20 years

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Glasgow, Scotland.

Duration of Residence in the City of Baltimore, 57 Years.

Place of Death, {Give street and number.} Choptank Street No. 80

Cause of Death, {~~First (Primary,)~~ ~~Second (Immediate,)~~ Old age - Debility

Duration of Last Sickness, Confined to his room for two years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 13th 1875

J. J. Cockill M. D.
Medical Attendant.

{*Undertaker,* L. Burton
Place of Business, 36 Thames St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1552,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1875. 2. P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Hahn

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, *Years,* *Months,* 23 Days.

Color, white *Sex,* female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 119 Low st.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 119 Low st.

Cause of Death, {First (Primary,) Bronchial Catarrh / Second (Immediate.)}

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery Pierre G Dausch M. D.

Medical Attendant.

Date of Burial, March 11th /75

Undertaker, Geo Schilling *Address* 27 S Broadway

Place of Business, No 212 E Monument st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1533,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Rebecca Redman

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* 6 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 149 Montgomery St Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 149 Montgomery St City

Cause of Death, First (Primary,) Premature Birth

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 11th 1875

Undertaker, Armstrong & Lemm

Place of Business, 263 Light St

H B Stable M. D.
Medical Attendant.

Address 17 Harrison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1554

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 1554

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1554

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emil Dedrick

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Months,* *Days.*

Years,

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 92 Harrison St. Canton

Cause of Death, { First (Primary,) Teething

{ Second (Immediate,) Meningitis

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel. *Undertaker* J. H. Martin *M. D.*

Medical Attendant.

Date of Burial, 12th 1875

Undertaker, Geo Eschbach *Address* Canton P.O.

Place of Business, 939 Canton Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1533

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 12 [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} [illegible] 00

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* — *Months,* Thirteen *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Cow worker (Keeper)

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland = Twenty-four years (24 yrs)

Duration of Residence in the City of Baltimore, Twenty-four years (24 yrs)

Place of Death, {Give street and number.} 2 [illegible] Eutaw & Paul Streets

Cause of Death, First (Primary,) Pulmonary Phthisis

Second (Immediate,) Exhaustion

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, 12th 1875

Undertaker, Geo Frechtling

Place of Business, 339 Eastern ave *Address* [illegible]

[illegible] *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1536.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE.

Date of Death, March 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Krauss

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* 10 *Months,* 8 *Days.*

Color, white *Sex,* female

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, house wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} State New York

Duration of Residence in the City of Baltimore, 22 years.

Place of Death, {Give street and number.} S. W. cor. Washington & Jefferson sts

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,) one year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Methodists Graveyard

Date of Burial, March 13th 1875

{*Undertaker,* H. H. Gilmyer

{*Place of Business,* W Canton Ave

A. F. Erich M. D.
Medical Attendant.

Address 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE

Permit No. 1337

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) / Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

M. D.
Medical Attendant.

{ *Undertaker,* / *Place of Business,* } *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1538.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 2.30 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Paulina Konigsberg

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Three *Years,* Fourteen *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} London "England," Two Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 47 Granby Street

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Malignant

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, ~~Eaton~~ Eden street burial ground

Date of Burial, 11th March

Undertaker, Moses Langwood

Place of Business, 87 Caroll street

A Siegel Shelger M. D.
Medical Attendant.
117 E Baltimore St
Dr J R Ande
Address 121 E Baltimore St
Consulting Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 1659

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 11. 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Harrison Douglas Caldwell

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, Seven *Years,* Eleven *Months,* Nine *Days.*

Color, Black *Sex,* male child

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, from Birth

Place of Death, { Give street and number. } 22. Little Monument Street

Cause of Death, { First (Primary,) Meningitis
Second (Immediate.) Caused from by a fall

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Saint Comtrays

Date of Burial, 13 inst.

Undertaker, Wm H Davis

Place of Business, Saint Paul Street *Address*

Wm H Davis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1560.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March. 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah. E. Loudenslagen.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* 3 *Months,* 18 *Days.*

Color, *Sex,* Fem

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1 Stockholm St.

Cause of Death, {First (Primary,) Cerebro-Spinal Meningitis,
Second (Immediate,) 18 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, March 13th

Undertaker, Armstrong & Lemmy

Place of Business, 263 Light St

R. J. H. Tall M. D.
Medical Attendant.

Address 158 S. Shap St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1561,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Devine

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Forty five years.

Place of Death, {Give street and number.} 416 E. Baltimore St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Unknown.

Duration of Last Sickness, Two years.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem. G. Hamilton Cook M. D.

Medical Attendant.

Date of Burial, Mar 4th 1875

Undertaker, Hen'r Byrne

Place of Business, 63 Front st *Address* Balt'r Washington Co. Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1562

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 2 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christ Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 55 *Years,* *Months,* *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Confectioner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 25 Years.

Place of Death, {Give street and number.} 370 Canton Ave

Cause of Death, {First (Primary,) Traumatic Peritonitis

Second (Immediate,)

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Patterson Cemetery

Date of Burial, 12 March 1875

{*Undertaker,* Peter P. Schuck

Place of Business, 165 Aliceanna

C. Edward Miller M. D.
Medical Attendant.

Address 143 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1563

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 11. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} I. Osborne Hazan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Nearly lifetime

Place of Death, {Give street and number.} 36 N. Front St.

Cause of Death, First (Primary,) Abscess.

Second (Immediate,) Pyamia,

Duration of Last Sickness, 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 13th 1875

Undertaker, Thos S Hughes

Place of Business, 60 E Balto

J. H. Hack, M. D.
Medical Attendant.

Address 75 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT MAR 12 1875 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1564

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11th of March 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Tibb

~~Sex~~, *Male or Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Segar Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, 17 years.

Place of Death, {Give street and number.} Baltimore No 70 Harford Ave

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, previously about three months

All the above information should be furnished by the Physician.

Place of Burial, St Paul's B. Ground

Date of Burial, March 13th 1875

Undertaker, Thos E Hughes

Place of Business, 60 East Pratt St

Dr. Geo. W. Mayon M. D.
Medical Attendant.

Address No. 18 Sisquilla St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15665

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Hall Dowling

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Two *Years,* Eleven *Months,* Seven *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 276 Orleans St

Cause of Death, {First, (Primary,) Scarlet Fever

{Second (Immediate,)

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem. E Gwin Cox M. D.

Date of Burial, 13 March Medical Attendant.

{*Undertaker,* Wm Fy

{*Place of Business,* 54 N Broad *Address* 512 E Balt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1566.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Knowles

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 32 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 55 Shand St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, sick two years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 14th 75

Undertaker, Jas. Loane

Place of Business, 568 W Balto St *Address* 55 Shand St

Wm C Knowles M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 1567.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susanna B. Escaville

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 48. *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married Single~~ Widow ~~White~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} North Broadway 2 doors North of Monument St

Cause of Death, First (Primary,) Diabetes

Second (Immediate,) General Prostration of vital powers.

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Green mount Cemetery Milton A. Taylor. M. D.

Date of Burial, March 13th 1875 Medical Attendant.

Undertaker, M. A. Kruger

Place of Business, 74 N. Broadway Address No. 100 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12568,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 12th March 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Wengle

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, White *Sex,* German

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} no 224 n Dallas st

Cause of Death, {First (Primary,) Spinal Meningitis / Second (Immediate,)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters C[emetery]

Date of Burial, March 14th 1875

Undertaker, [illegible]

Place of Business, [illegible]

Wm. L. Russell M. D.
Medical Attendant.

Address Broadway & Madison Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1569.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1875 12. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Peter Gebhardt.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 3 *Years,* *Months.* 24 *Days.*

Color, white *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 16 N. Wolfe

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 16 N. Wolfe

Cause of Death, First (Primary,) Double Pneumonia

Second (Immediate.)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Wilkinson's [illegible] P. G. Dausch M. D.

Medical Attendant.

Date of Burial, March 13th

Undertaker, J. Fötzler

Place of Business, 244 Lombard, *Address* 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1570,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John A Wardell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* 6 *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Newark new jersey

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 167 Columbia St

Cause of Death, First (Primary,) Valvular disease of Heart

Second (Immediate,)

Duration of Last Sickness, not known

All the above information should be furnished by the Physician.

Place of Burial, Pratt Street

Date of Burial, March 13th 1875

Undertaker, John Marden

Place of Business, 150 Canton

Geo. Henry M. D.
Medical Attendant.

Address 62 Pacca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1571

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hopewell Daridge

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* Four *Months,* twenty eight *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation.*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 191 John st Baltimore

~~*Duration of Residence in the City of Baltimore.*~~

Place of Death, {Give street and number.} 191 John st

Cause of Death, { First (Primary,) Marasmus
Second (Immediate.)

Duration of Last Sickness, Twenty one days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.y Philip C. Williams M. D.

Date of Burial, March 12th 1875 Medical Attendant.

Undertaker, Jacob Mearer *Address* 201 Madison Ave

Place of Business, Nos 4 & 6 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15472,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 11th March 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Joseph Winkel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 20 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} 213 South Paca St.

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 13th 1875

Undertaker, John L Wacker,

Place of Business, No 150 Camden *Address* 30 N. Eleventh St.

Arthur Richardson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1573,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 11th March 1875 - 2 a M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Margaret Kennedy.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White *Sex,* Female -

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation, Dressmaker & Storekeeper -

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 25 yrs -

Place of Death, {Give street and number.} 91 Lexington Street -

Cause of Death, First (Primary,) Tuberculosis.

Second (Immediate,) Pulmonary Tuberculosis -

Duration of Last Sickness, about Eight Months -

All the above information should be furnished by the Physicain.

Place of Burial, New Cathedral Cemetery

Date of Burial, March 14th 1875 -

Undertaker, Henry W. Mears

Place of Business, 61 N Gay St

W C Van Bibber M. D.
Medical Attendant.

Address 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 10th 1875,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Kinnett,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* — *Days.*

Color, *Sex,* Fem,

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, 2 yr. 8 mo,

Place of Death, {Give street and number.} 174 S. Howard St.

Cause of Death, {First (Primary,) Scarlatina,
Second (Immediate,)

Duration of Last Sickness, 7 five days,

All the above information should be furnished by the Physician.

Place of Burial, Greenstown Cem

Date of Burial, 12 March 1875

{*Undertaker,* Chas. Scriven
Place of Business, 271 Eutaw St

R. J. H. Tull M. D.
Medical Attendant.

Address 15 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1575,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 12th March 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bettie Herbert Owens.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, *Years,* *Seven Months,* Twenty three *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life.

Place of Death, {Give street and number.} No 243 Cary St.

Cause of Death, First (Primary,) Catarrh

Second (Immediate,) Enteritis,

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, 13th March 1875

Undertaker, Hy W Jenkins Son

Place of Business, 16 Light St

Geo C Ogle M. D.
Medical Attendant.

Address 229 Cary St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Bode "Rose"

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* 28 *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Printer and Editor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent Co. Md

Duration of Residence in the City of Baltimore, Eleven Years

Place of Death, {Give street and number.} "Aged Mens Home"

Cause of Death, First (Primary,) Arterial Degeneration with Cerebral Softening

Second (Immediate.) Capillary Apoplexy with possible Inflam

Duration of Last Sickness, Seven Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery Henry R. Noel M. D.

Date of Burial, 13th March 1875 Medical Attendant.

Undertaker, Hy B. Jenkins & Son *Address* No 10 N Corey

Place of Business, 16 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1577.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Hipkins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number.} 342 Hanover St.

Cause of Death, {First (Primary,) Croup —
Second (Immediate.)

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 14th

Undertaker, Henry Brice

Place of Business, Hanover St 81

R. J. H. Tall M. D.
Medical Attendant.

Address 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1578.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 11th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo E. & Elizabeth Ruppel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* *Months,* 2 hours *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 30 West Balto St.

Cause of Death, { First (Primary,) Premature Birth 6th Month
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park Graveyard

Date of Burial, March 12th.

Undertaker, Chas Hildebrandt

Place of Business, 53 & N. Balto St.

C. Edward Miller M. D.
Medical Attendant.

Address 143 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1579.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt Hamel

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Fredericksburg Va.

Duration of Residence in the City of Baltimore, 11 mos.

Place of Death, {Give street and number.} 216 Bethel

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, 2 hrs.

All the above information should be furnished by the Physician.

Place of Burial, 1st Green St. Paul's

Date of Burial, 12th March

{*Undertaker,* Wm. Sheridan's / *Place of Business,* 253 Lee-thorn St.

R. W. Mansfield *M. D.*
Medical Attendant.

Address 117 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1580, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Franklin Dodd

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 6 *Months,* ——— *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 169 N. Dallas St

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 169 N. Dallas St

Cause of Death, {First (Primary.) Congestion of the Lungs
Second (Immediate.) Spasm

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, March 12 1875

Undertaker, William Monroe

Place of Business, No 104 East St

Dr. Knapp *M. D.*
Medical Attendant.

Address 139 Dallas St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1581,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1875. 2.50 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mordecai Hall

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, *Years,* *6 Months,* *19 Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 9 N. Durham st.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 9 N. Durham st.

Cause of Death, {First (Primary,) capillary bronchitis / Second (Immediate,)

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 13 1875

Undertaker, William N Bouge

Place of Business, No 104 East Str

Pierre G. Dausch M. D.
Medical Attendant.

Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1582

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Davis Cook

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} Washington Univ Hospt

Cause of Death, {First (Primary,) Incised wound of throat, (Suicidal)
Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cem

Date of Burial, March 12-75

Undertaker, John T Rodenmayer

Place of Business, 102 E Monument

Address Washington Univ

Wm H Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 12 1875 BALTIMORE

Permit No. 1583.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Lizzie Mintz,

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 11 *Years,* — *Months,* — *Days.*

Color, Dark *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 144 Lynn St Balto Md

Duration of Residence in the City of Baltimore, 11 Yrs

Place of Death, {Give street and number.} 144 Lynn St Balto

Cause of Death, {First (Primary,) Typhoid Fever

{Second (Immediate.)

Duration of Last Sickness, about six weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Balto M. D.

Date of Burial, March 12 1875

Medical Attendant.

{*Undertaker,* S H Chase

{*Place of Business,* No 198 W Howard St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore.

HEALTH DEPARTMENT MAR 12 1875 BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1584

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 12 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Kind

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 8 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 55 S Castle.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate.) Albuminuria - Anasarca & Hydrothorax

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, March 13 - 4 PM

Date of Burial, St Alphonsus

Undertaker, John Brown

Place of Business, 77 1 Mkt

Abram P Arnold M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of

Board of Health, City of Baltimore,

Permit No. 15857

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Fifty-Nine *Years,* ~~Months~~ ~~Days.~~

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, A Washer & domestic etc.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford County Maryland

Duration of Residence in the City of Baltimore, About thirty years

Place of Death, {Give street and number.} Aderson Court 11

Cause of Death, {First (Primary,) Pleurisy
Second (Immediate,) Secondary Staf

Duration of Last Sickness, About ten days as fat as can be learned

All the above information should be furnished by the Physician.

Place of Burial, Samuel Cemty

Date of Burial, Saturday 13th A. J. Ford M. D.
Medical Attendant.

Undertaker, W. N. Zunger

Place of Business, ~~East St~~ 1041 *Address* No 16 S. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1586.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 12.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emanuel Kelly

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* 5 *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Ship Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Born there

Place of Death, {Give street and number.} 12. Henrietta St

Cause of Death, First (Primary,) Hypertrofsy of the Heart with

Second (Immediate,) Phthisis

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet W Howard Goldie M. D.

Medical Attendant.

Date of Burial, March 14/75

Undertaker, Ann Ryder Address 146 Hanover St

Place of Business, Nº 263 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1587.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George W. Flynn

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Cigar Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St. Josephs Hospital

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate.) Exhaustion

Duration of Last Sickness, about 2 years

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 14th 1875

Undertaker,

Place of Business, 30 & Central Ave

Edward L. Cockey M. D.
Medical Attendant.

Address St Josephs Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certifleate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1588,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Beirlipp

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, White. *Sex,*

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria – Germany,

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} St Joseph's Hospital

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate.) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius R.C. Church

Date of Burial, March 14th 1875

Undertaker, Peter Root

Place of Business, 36 Central Av. *Address* St Joseph's Hosp

Geo Cooley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1589

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Natalie Osburn

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~ Female

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ~~Married~~ ~~Single~~ ~~Widower~~

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Prince George Co. Md.

Duration of Residence in the City of Baltimore, 29 yrs

Place of Death, { Give street and number. } 688 N. Pratt st

Cause of Death, { First (Primary,) Phthisis Pulmonalis
{ Second (Immediate.) 1 Year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 13 in, 4, 0 Clock.

Undertaker, J. B. Blackistone & Son

Place of Business, West Balt st 606 *Address*

F. T. Benson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1590.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Friday — March 12th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Mary Thompson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female —

Age, 70 — (about) *Years,* ——— *Months,* ——— *Days.*

Color, White — *Sex,* Female —

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single —

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} London — England —

Duration of Residence in the City of Baltimore, 20 years —

Place of Death, {Give street and number.} Church Home & Infr — N. Biray —

Cause of Death, First (Primary,) Hemiplegia — (Left side)

Second (Immediate.) Erysipelas — Cellulo Cutaneous —

Duration of Last Sickness, One Week —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 13 1875

Undertaker, Conley

Place of Business, 84 N Broadway

T. D. Garvin M. D.

Medical Attendant.

Address Church Home & Infr N. Biray —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1591

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Liggie Prosens

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Forty Two *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harbor Wareham Mass

Duration of Residence in the City of Baltimore, Six Weeks

Place of Death, {Give street and number.} 24 S Stricker St

Cause of Death, First (Primary,)

Second (Immediate,) Brights Disease

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, New Jersey

Date of Burial, March 13

Undertaker, W B Cook

Place of Business, No 707 W Baltimore St

Thomas J Kean M. D.

Medical Attendant.

Address 97 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

(47)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1392

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 12 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Wilkins Russell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Six *Years,* Eight *Months,* Six *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent Co Md

Duration of Residence in the City of Baltimore, Five Years

Place of Death, {Give street and number.} 7 S Streeper st

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Uraemia

Duration of Last Sickness, Three Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Mch 14th

Undertaker, Haig Bros & Co.

Place of Business, 65 S Broadway

Thomas Sherwood M. D.
Medical Attendant.

Address 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1593.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Waters

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ 4 Months, ~~Days.~~

Color, Black Sex, Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md Penitentiary

Duration of Residence in the City of Baltimore, Left

Place of Death, {Give street and number.} 33 W. Walnut alley

Cause of Death, {First (Primary,) / Second (Immediate.)} Starvation

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field

Date of Burial, March 13th 1875

{Undertaker, M. H. C. Perry / Place of Business, Pratt St} Address

James A Steuart M. D.
Commis of Health &
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Information from Agnes Robertson Col^d the woman who had the child in Charge

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1594

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Marie L. M. Peeley

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Two *Years,* eight *Months,* Twenty Six *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, two years eight months & 26 days.

Place of Death, {Give street and number.} No. 495 Argyle street, City of Baltimore

Cause of Death, {First (Primary,) Scarlet Fever / Second (Immediate,)}

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, March 14th 1875.

A Watson M. D.
Medical Attendant.

Undertaker, Wm. H. Hickman *Address* 315 N. Eden St

Place of Business, 234 N. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1595

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 11th March 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George W. R. Wilhelm

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* 3 *Months,* 4 *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and number.} 261 North Edau st- Baltimore

Cause of Death, First (Primary,) Asthenia Phthisis Pulmonalis 3d Stage

Second (Immediate,) Non oxidation of blood, from a compromise of tissue of lung

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 14th 1875.

E. Jr. Walls M. D.
Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

Address 181 E. Monument st-

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1596.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ke. Mitchell.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 7 *Months,* 26 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 216 E. Lee near Broadway

Cause of Death, First (Primary,) Scarlet Fever.

Second (Immediate,) Convulsions

Duration of Last Sickness, 12 hours.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross,

Date of Burial, March 14th 1875.

C. Edward Miller *M. D.*
Medical Attendant.

Undertaker, Wm. H. Hickman *Address*

Place of Business, 234 N. Gay St. 143 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1597.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Friday, Mar. 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} George Noonan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 13 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. 13 years

Place of Death, {Give street and number.} 107 Ellicott St

Cause of Death, {First (Primary,) Inflammatory Croup / Second (Immediate.)

Duration of Last Sickness, Do not Know, Called in two days previous to death, had been under the care of Dr. Mc [illegible]

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, Mon. Sat. 13th 3 P.M.

Undertaker, John Braun

Place of Business, 794 Wolf St.

James F. [illegible] M. D.
Medical Attendant.

Address 254 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1598

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 12th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George H. Hinrichsen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 7 *Months,* 10 *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} N. Sharp Ave 310

Cause of Death, First (Primary,) Purpura

Second (Immediate,) Hemorrhage

Duration of Last Sickness, Two months and a half

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, March 14th 1875

Undertaker, Julius Koehler *Address* 116 Columbia St.

Place of Business, Cor Sharp & Cross. sts

D. L. Rudenstein *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1599.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 14. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} D. H. Hudson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 23 *Months,* 6 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 23 S. Washington st

Cause of Death, {First (Primary,) Catarrh.
Second (Immediate,) Suffocation

Duration of Last Sickness, Eight days.

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Church

Date of Burial, March 14. 75

Undertaker, Wendelin Sifert

Place of Business, South Bond st.

G. Granville Rusk M. D.
Medical Attendant.

Address Balto Washington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1600.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucy A. Thompson

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Two *Years,* Two *Months,* ——— *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} State of Maryland.

Duration of Residence in the City of Baltimore, 2 years 2 months

Place of Death, {Give street and number.} 244 S. Wolf St.

Cause of Death, First (Primary,) Catarrhal Pneumonia

Second (Immediate,)

Duration of Last Sickness, Twelve days.

All the above information should be furnished by the Physician.

Place of Burial, Modest Comer Dr. Geo. S. Lynch M. D.

Date of Burial, March 14th Medical Attendant.

Undertaker, Hendekin Tiffel

Place of Business, ~~South Broad st~~ Address 20. S. Broadway City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Permit No. 1601,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 12 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary McHill, Wm and Margaret McHill

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 1 *Years,* 2. *Months,* *Days.*

Color, Brown *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 192 Chestnut alley

Cause of Death, {First (Primary,) Hooping Cough
Second (Immediate,) Acute Hydrocephalus

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 14 1875.

Undertaker, S H Chase

Place of Business, No 19 S Howard st *Address* 176 Saratoga St

W. P. Morgan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And It be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1602.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes A. Early

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* 3 *Days.*

Color, *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Stone

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} No. 90 East Baltimore St.

Cause of Death, First (Primary,) Consumptive diathesis

Second (Immediate,) Phthisis or Consumption

Duration of Last Sickness, Three years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 15th 1875

Undertaker, Henry W. Mears

Place of Business, 64 N Gay St

T. Milton Taylor. M. D.

Medical Attendant.

Address No. 100 E. ~~Baltimore St.~~ Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1603.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *separately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Lutcrist

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 Year 3 Months, Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} E Lombard n

Cause of Death, {First (Primary.) Tuberculosis

{Second (Immediate.) Debility &c

Duration of Last Sickness, 3 or 4 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Chas O'Donovan M. D.

Date of Burial, March 14th Medical Attendant.

{*Undertaker,* Jacob Pearce

{*Place of Business,* 4th door Hillen Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1604

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John O'Brien

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 66 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland 40 years

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} Madison & Dallas

Cause of Death, {First (Primary,) D

{Second (Immediate,) Pneumonia

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Old 6th Cem. O. S. Mahon M. D.

Medical Attendant.

Date of Burial, Monday 16th 1875

Undertaker, Pat F Boyle *Address* 1386 Exeter

Place of Business, 59 n Liberty

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1605

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 14 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 13th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice S. Kline

~~*Sex,*~~ *Male* ~~*or*~~ *Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* 1 *Months,* — *Days.*

Color, white *Sex,* female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, wife of Maurice Kline, Blacksmith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bells City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 161 N. Front St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Puerperal Fever

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, March 15th

Undertaker, Jno H. Weaver

Place of Business, Fayette St

Chas. J. Kreber M. D.
Medical Attendant.

Address 197 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1606

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 14 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Saml L Jackson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 0 *Years,* 0 *Months,* 3 *Days.*

Color, Bright Mulatto *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} corner of Orchard & Ropers

Duration of Residence in the City of Baltimore, 3 days

Place of Death, {Give street and number.} Cor Orchard & Ropers

Cause of Death, {First (Primary,) Umbilical Haemorhage

Second (Immediate,) 24 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, March 14th 1875

Undertaker, Wm E Gordon

Place of Business, 65 Park St *Address* Cor Dolphin & Druid Hill av

℞ Frank Bohrer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 1607

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 14 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 13 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Fingel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 27 *Years,* 2 *Months,* 13 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 9 A west

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, St Stephens

Date of Burial, March 16th 1875.

Undertaker, C. M. Gehmeyer.

Place of Business, 341 Eastern av

Abram B Arnold M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

Permit No. 1608

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 14 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Mrs Laura M~~ Buchanan Jr

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 28 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 160 North Howard St

Cause of Death, {First (Primary,) / Second (Immediate.)} Pulmonary Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemty

Date of Burial, 15th March 1875

Charles O'Donovan M. D.
Medical Attendant.

{*Undertaker,* Hy M. Jenkins Son
Place of Business, 16 Light St} *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1609.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 14 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Siepel

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria, Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number.} No 30 Marion st Howard Balto. Md

Cause of Death, {First (Primary,) Cardiac Dropsy
Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemy

Date of Burial, March 15 1875

Undertaker, McCaull & Bros

Place of Business, 131 Saratoga St.

J Ridgway Andre M. D.
Medical Attendant.

Address No 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 1610.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 14 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Charles Thalheimer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Five *Years,* Nine *Months,* One *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 2 1/4 years

Place of Death, {Give street and number.} 339 N. Broadway

Cause of Death, {First (Primary,) / Second (Immediate,)} Capillary Bronchitis

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial Holy Ghost Hebrew

Date of Burial, March 15 1875

C. E. Klein *M. D.*
Medical Attendant.

{*Undertaker,* L. Hertzog / *Place of Business,* 51 N. Eden St.} *Address* 137 N. Central

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1611

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 14 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. McClelland Tinsman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Thirteen *Years,* Three *Months,* Two *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City. Maryland

Duration of Residence in the City of Baltimore, His lifetime

Place of Death, {Give street and number.} 146. Vine Street

Cause of Death, {First (Primary,) Chorea

Second (Immediate,) One month

Duration of Last Sickness,

All the above information should be furnished by the Physician.

A. T. Bell *M. D.*
Medical Attendant.

Place of Burial, Loudon Park

Date of Burial, 15 March 1875

{*Undertaker,* Chas. Sexton

Place of Business, 270 N. Eutaw St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Permit No. 1612.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 1612

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 14 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Mch 14th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Brighton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 15 *Years,* 4 *Months,* 8 *Days.*

Color, Yellow *Sex,* male

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Driver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Boston Mass - 6 months

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 39. Elbow Lane

Cause of Death, {First (Primary,) ~~Secondary or immediate.~~} Meningitis Cerebro-Spinal 14 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Howard Co.

Date of Burial, Monday 16th

D. A. Crim *M. D.*
Medical Attendant.

{*Undertaker,* Williams Dorsey *Address* N.E. cor Rec.t & Edgar St
{*Place of Business,* No 104 East St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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Board of Health, City of Baltimore, 1613

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1613

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 14 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Brown.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Ninteen *Years,* *Months,* *Days.*

Color, Colored. *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Few Years (about)

Place of Death, {Give street and number.} No 3 State St. Court.

Cause of Death, {First (Primary,) Bronchial Pneumonia

Second (Immediate,) Ay.

Duration of Last Sickness, about three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross cemetery

Date of Burial, March 15th 1875

Undertaker, Wm. James Gray

Place of Business, 65 Mulberry St

Sinclay Ellicott M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 1875 BALTIMORE

Permit No. 1614.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Earle B. Cannon

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days.*

Color, White *Sex,* Male 9

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Washington Med. Hospital

Cause of Death, {First (Primary,) Cerebro Spinal

{Second (Immediate,)

Duration of Last Sickness, Six Week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery Geo F Maynard M. D.

Date of Burial, March 15 1875 Medical Attendant.

{*Undertaker,* A.M. Jenkins & Son *Address* Washington Med

{*Place of Business,* 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1615

HEALTH DEPARTMENT 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant M^rA Barrett and Annie Barrett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 16 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Infant

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 132 Fremont

Cause of Death, First (Primary,) Cyanosis — disease of Heart

Second (Immediate.)

Duration of Last Sickness, during life

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 15th 75

Undertaker, Jos Doane

Place of Business, 568 N Balto St *Address* 76 S Paca st

Jas Hurney M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE

Permit No. 1616

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Anderson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, 70 Years

Place of Death, {Give street and number.} 17 Hollins St

Cause of Death, {First (Primary,) / Second (Immediate,)} Epithelioma of the Uterus 3, Years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery Sherwood C & D M. D.

Date of Burial, March 15th 1875 Medical Attendant.

Undertaker, Jos. Loane

Place of Business, 568 W Baltimore St Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 1875 BALTIMORE

Permit No. 1617

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katharine Amelia Palmer Selway

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 135 William St

Cause of Death, {First (Primary,) Scarlatina Anginosa

Second (Immediate.) 3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 16 1875

Undertaker, Charles F. Herold

Place of Business, 161 Hanover St

H B Noble M. D.
Medical Attendant.

Address 17 Warren St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE MD.

Permit No. 1618,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Dulce

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 87 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, about 80 years

Place of Death, {Give street and number.} No 80 W. Baltimore St

Cause of Death, { First (Primary,) Old age

Second (Immediate,)

Duration of Last Sickness, ~~Cont~~ .

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemy Wesley Southard M. D.

Date of Burial, March 16 Medical Attendant.

{*Undertaker,* Jno H Weaver *Address* 118 Mulberry St,

{*Place of Business,* Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE

Permit No. 1619.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice P. Kline

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 9 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 161 N. Front St.

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 161 N. Front St.

Cause of Death, First (Primary,) Trismus nascentium

Second (Immediate,) Convulsions

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, March 15th

Undertaker, Jno H Hearn

Place of Business, Fayette St — *Address* 197 Aisquith St.

Chas. J. Kluber M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1620,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary Jane Cooksey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 20 S. East St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate.)

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, March 15th 1875

Undertaker, H. M. Gibbinger

Place of Business, 341 Canton Ave.

James A. McShane M. D.
Medical Attendant.

Address 316 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE

Permit No. 1621

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Silas Eisman

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, White *Sex,* male

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Butter dealer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 644 Penna Avenue

Cause of Death, {First (Primary,) Suicide by hanging

{Second (Immediate.)

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Monday March 15th 1875

Undertaker, Andrew Lutz

Place of Business, 168 Lemmon Hill Ave

Edmund R Walker M. D.
Medical Attendant.
Coroner N. P. District

Address 150 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 15 1875

Permit No. 1622.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Kyeight

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* ~~6~~ *Months,* ~~——~~ *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow~~ *or Widower,* {Cross out the words not required in this line.}

Occupation, Eye Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Sheffield England

Duration of Residence in the City of Baltimore, Forty Eight years

Place of Death, {Give street and number.} Aged Woman's Home Lexington

Cause of Death, First (Primary,) Consumption (Fibroid Phthisis)

Second (Immediate,) Gradual Exhaustion (Marasmus)

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 16th March 1875

Undertaker, H W Jenkins & Son

Place of Business, 16 Light St

Henry R. Roe M. D.
Medical Attendant.

Address No 10 N. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 1875 BALTIMORE MD.

Permit No. 1623,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Dwight Davison Homer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 Y 1 M 26 D — *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 2 years 7 months & 2 days

Place of Death, {Give street and number.} W. S. Chatlantz N. Pseudo membranous Croup

Cause of Death, {First (Primary,) / Second (Immediate,)}

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 16th 1875

{*Undertaker,* Martin A. Dwyer / *Place of Business,* 74 S. Broadway}

James S. Thomas M. D.
Medical Attendant.

Address 254 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1624.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15th 1878.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Adam Fortune

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 31 *Years,* 10 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Factory House Employee

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Bavaria, Germany Thirty-two

Duration of Residence in the City of Baltimore, Thirty-two

Place of Death, { Give street and number. } No. 1[illegible] Sister

Cause of Death, First (Primary,) Cerebral Congestion

Second (Immediate,) Cerebral Apoplexy

Duration of Last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 16th March 1878

Undertaker, Geo Frechtich

Place of Business, 339 Canton Ave

[illegible] M. D.

Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 15 BALTIMORE

Permit No. 1625.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death, and said shall not be buried, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Lizzie Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Years, Six 6 Months, 20 Days.

Color, black *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 6 Salisbury Court Balt

Cause of Death, First (Primary,) Scrofula & ij defective development

Second (Immediate.) Convulsions

Duration of Last Sickness, a few hours!

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, March 15th 1875.

Undertaker, Wm. A. Bunge

Place of Business, No 104 East Pratt st

Edmund Walker M. D.

Medical Attendant.

Address 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE MD. MAR 15 1875

Permit No. 1626.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna L. West.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 5 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, During life.

Place of Death, {Give street and number.} 273 Canton Ave.

Cause of Death, { First (Primary,) Scarlet Fever.
Second (Immediate,)

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews Cemetery

Date of Burial, March 15 1875

Undertaker, Caspar Eckhot

Place of Business, 269 Canton Ave.

C. Edward Miller M. D.
Medical Attendant.

Address 113 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE.

Permit No. 1627.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Katharine Caley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 20 *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, State of Maryland, Since Birth

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} # 217 South Bethel St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis following Parturition

Second (Immediate,)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, March, 15, 1875

{*Undertaker,* Caspar Eckhart

Place of Business, 269 Canton Av.

John H. Rehberger, M. D.
Medical Attendant.

Address 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ...ing forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ... and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE MAR 15 1875

Permit No 1628

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles William McClennan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 18 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 2 Mos

Place of Death, {Give street and number.} 240 E. Eager st

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate.) Effusion on the Brain

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

E. Jno. Walls M. D.
Medical Attendant.

Address 181 E. Monument st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE.

Permit No. 1629

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 13th day of March

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joshua Baughman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} *Sex,* Male

Married

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ~~his life~~ during life

Place of Death, {Give street and number.} 108 Batery avenue

Cause of Death, {First (Primary,) Softening of the Brain

Second (Immediate.) about 3 years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~Western Cemetery~~ Loudon Park

Date of Burial, March 16 2 o'clock

Undertaker, J. B. Blackistone & Son

Place of Business, West Balt St 606

D. S. Hoffman M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE.

Permit No. 1130.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andray Milles

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 Years, ~~Months,~~ 9 Days.

Color, Dark Brown *Sex,* Skin

Married, Single, Widow or Widower, {Cross out the words not required in this line.} forth & Mother Married Name Andr & Cattus Milles

Occupation, No K

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} No 5 Bethel Roon Near Saratoga st

Cause of Death, First (Primary,) Hooping Cough

Second (Immediate.) Lung, Inflamation

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Sharpt Grown

Date of Burial, March 15 at Ten oclock

Undertaker, James H Davis

Place of Business, No 12 Saratoga st

H H Cruse M. D.
Medical Attendant.

Address No 99 north & Pleasant st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE

Permit No. 1631

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14! 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Partridge

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~46~~ 46 *Years,* 10 *Months,* 14 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, 46 years.

Place of Death, {Give street and number.} ~~10~~ 10 Wyeath St.

Cause of Death, {First (Primary,) Paralysis
Second (Immediate,) 4 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 16

{*Undertaker,* J B Coith.
{*Place of Business,* ~~W~~ 707 W Balto

H. I. S. Frier *M. D.*
Medical Attendant.

Address 375 N. Constant St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE

Permit No. 1652.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Adam Urban.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male.

Age, 51 *Years,* 3 *Months,* 27 *Days.*

Color, White *Sex,* Male.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married.

Occupation, Stone Cutter.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Sellers - Nassau - Germany.

Duration of Residence in the City of Baltimore, 19 years.

Place of Death, {Give street and number.} No. 66 Albemarle St.

Cause of Death, First (Primary,) Traumatic Telanus.

Second (Immediate,) Apnœa.

Duration of Last Sickness, 16 days from the infliction of the injury - 4 days from the invasion of Telanus.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, March 16.

Undertaker, Peter Frey

Place of Business, 91 Eastern Av

Jno. F. Powell. M. D.
Medical Attendant.

Address No. 72 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 1875 BALTIMORE.

Permit No. 1655.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilson Haxall

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* Eleven Days *Days.*

Color, White *Sex,* Male

~~*Married,* Single, Widow or Widower,~~ {Cross out the words not required in this line.} Single

Occupation, Nine

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Eleven days

Place of Death, {Give street and number.} Charles St. No 201. North

Cause of Death, First (Primary,) Premature Birth

Second (Immediate,) Hamilton

Duration of Last Sickness, (Nine)

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 15 1875

B W Barton *M. D.*
Medical Attendant.

Undertaker, R Kennedy Son

Place of Business, 92 N Howard *Address* 119 W. Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE

Permit No. 1634

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *when filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mrs Sarah Rushley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* 1 *Months,* *Days.*

Color, Col'd *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} Balto Md Cor Barnell & Hanover No 25 Barnell

Cause of Death, {First (Primary,) Consumption / Second (Immediate.)

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician if possible.

Place of Burial, R. C. Burial Ground New Cathedral

Date of Burial, March 17 1875

Undertaker John Donnelly

Place of Business, Park & 163 *Address*

P. Donnelly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE

Permit No. 1135.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Butler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, Colored *Sex,* male

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Barber

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 25 King St

Cause of Death, {First (Primary,) Consumption –
Second (Immediate,)}

Duration of Last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 16th 1875

J Harvey Gill M. D.
Medical Attendant.

{*Undertaker,* John G Logue
Place of Business, 705 Park Ave / *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 1875 BALTIMORE

Permit No. 1636.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Crosby

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 18 Month Days.

Color, Black *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 149 York St

Duration of Residence in the City of Baltimore, 15 0

Place of Death, {Give street and number.} 149 York St

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlatina Anginosa

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 16 1875

Undertaker, W H Chase

Place of Business, 247 S Howard

Geo. W. Dewar M. D.
Medical Attendant.

Address 149 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 15 1875

Permit No. 1637.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March. 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles H. Diering

Sex, ~~Male or Female.~~ {Cross out the word not required in this line.}

Age, 3. *Years,* 11. *Months,* 3. *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, 3 years 11. months 3 days

Place of Death, {Give street and number.} 362. Hanover St

Cause of Death, {First (Primary,) Scarlett Fever

{Second (Immediate,)

Duration of Last Sickness, 24 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery Howard Bruce M. D.

Date of Burial, March 17th 2 o Clock Medical Attendant.

{*Undertaker,* Christn. Weber

{*Place of Business,* 362 Hanover St. *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 1875 BALTIMORE

Permit No. 1638,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dina Landman —

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} —

Age, 52 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female —

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, wife —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prussia, Germany —

Duration of Residence in the City of Baltimore, about 20 yrs —

Place of Death, {Give street and number.} 328. East: and.

Cause of Death, First (Primary,) Paralysis —

Second (Immediate,) do — —

Duration of Last Sickness, about 4 months

All the above information should be furnished by the Physician.

Place of Burial, St Ephraims Graveyard

Date of Burial, March 16th 1875

Undertaker, H. H. Glunzel

Place of Business, 221 Eastern Ave

Dr C. H. Ohme — M. D.
Medical Attendant.

Address 86 E. Fayette Str

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
MAR
15
1875
BALTIMORE

Permit No. 1639.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar 13 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary Montgomery

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* — *Months,* — *Days.*

Color, Col *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married -

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 36 Hunt st Balto md

Duration of Residence in the City of Baltimore, 24 yrs

Place of Death, {Give street and number.} 144 Lyon st

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, about 4 months

All the above information should be furnished by the Physician.

Place of Burial, Shaft's Burial ground

Date of Burial, March 15th 1875

Undertaker, Wm. Chase

Place of Business, Cor Howard & Lee sts

J H Patten M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1640.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Winkler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* 3 *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 111 South Caroline St.

Cause of Death, {First (Primary.) Consumption
Second (Immediate.)

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church G.T.

Date of Burial, March 16th 1875

Undertaker, Lem Dyer

Place of Business, 18 S. Broadway

William B. Hidden M. D.
Medical Attendant.

Address 102 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE.

Permit No. 1641,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Francis William Maxwell

~~Sex~~, *Male* ~~Female~~, {Cross out the word not required in this line.} Male

Age, ——— *Years,* Eleven *Months,* ——— *Days.*

Color, White *Sex,* Male

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} N. E. Cor. Cathedral & Saratoga Sts. Balto.

Cause of Death, First (Primary,) Insanition.

Second (Immediate,) Convulsions

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, March 16 1875

Undertaker, David F. Herbert

Place of Business, 161 Hanover St

W. J. Thomson M. D.
Medical Attendant.

Address 248 Madison Ave. Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE

Permit No. 1642

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Holmes

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 32 *Years,* 10 *Months,* 3 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Brass founder

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and number.} 152 Jefferson Street

Cause of Death, {First (Primary,) / Second (Immediate.)} Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, March 16th 1875

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway

D. Hyde M. D.
Medical Attendant.

Address 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE MD.

Permit No. 1643,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15th. 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James W. Grant

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 5 *Years,* 1 *Months,* 5 *Days.*

Color, White *Sex,* Male

~~Married~~ *Single,* ~~Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 134 S. Chapel St.

Cause of Death, { First (Primary,) Scarlet Fever
Second (Immediate,) Seven Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 16th 75

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway

A. F. Erich M. D.
Medical Attendant.

Address 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE

Permit No. 1647

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March. 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Elliott

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Fifty Four *Years,* Seven *Months,* _____ *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Preacher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 54 Years. 7 Months.

Place of Death, {Give street and number.} 307 N. Caroline Street.

Cause of Death, { First (Primary,) Phthisis.
Second (Immediate,) _____

Duration of Last Sickness, Six weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 16th 1875

D. Caldwell Ireland M. D.
Medical Attendant.

Undertaker, Wm. H. Hickman *Address* 178 Aisquith St

Place of Business, 234 N. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1015

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 14 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Brown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 25 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Cutter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hannover Germany

Duration of Residence in the City of Baltimore, 6 years.

Place of Death, {Give street and number.} Chest. Fr. near Hanover

Cause of Death, First (Primary,) Paralysis of heart & lungs.
Second (Immediate,)

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Highlandtown Cemetery C. H. Leib M. D.

Date of Burial, March 16/75 N. Gain & 16. Medical Attendant.

Undertaker, Eh Rasin Address N. Gain St.

Place of Business, 136 E Fayette "

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1616.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, duly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Beatti Frowe (Frowe)

Sex, Male or Female, {Cross out the word not required in this line.} infant daughter of C. H. Frowe & M. Frowe

Age, Years. Months, 25 Days.

Color, White *Sex,* infant

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, N. 498 E. fayette st

Place of Death, {Give street and number.} Baltimore 498 E. fayette st

Cause of Death, { First (Primary,) Spasms

Second (Immediate,) 2. Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 16th

{ *Undertaker,* Fred'k. R. Fold

Place of Business, 90 S. Howard *Address,* N. 88 East Lombard st

John M. P. Paxeta M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1647.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Haines

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 69 years *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 3 Mos.

Place of Death, {Give street and number.} 175 West Street

Cause of Death, First (Primary,) Inflamation of Bowels

Second (Immediate,) Violent Cramps.

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Western Potters field

Date of Burial, March 16 1875

James F. Steuart M. D.

Medical Attendant.

Undertaker, W. H. Cheyney

Place of Business, 448 W. Pratt St

Complete Registration

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information given by Husband

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1648,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 15. 75 Roach

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. E. McCoach

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ 2 *Months,* ~~Days.~~

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 208 Saratoga

Cause of Death, First (Primary,) Bronchial Catarrh

Second (Immediate,) —

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Hanover Md. *Medical Attendant.* W. F. Kemp M. D.

Date of Burial, March 17

Undertaker, McGaul Bros *Address* 55 N Green St

Place of Business, 131 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(49)

Board of Health, City of Baltimore,

Permit No. 1649.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah S. Wilson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 74 *Years,* —— *Months,* 4 *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 10 years.

Place of Death, {Give street and number.} 189 Linden Ave

Cause of Death, First (Primary,) Organic Disease of Heart.

Second (Immediate,) " (Mitral Valve incted.)

Duration of Last Sickness, Four months & ten days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount C.

Date of Burial, March 16th 1875 W. W. Quinn M. D.

Medical Attendant.

Undertaker, C. T. Burgan,

Place of Business, 87 Lanvale St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1650

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Virginia Davis

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 4 Days.

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 120 N. Regester St

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 120 N Regester St

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,) Croup

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lowel Cemetery

Date of Burial, March 15th 1875

{*Undertaker,* John H Locke

{*Place of Business,* 65 S. Hill St

Croup M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 1651.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John R. Matthews

Sex, Male or Female, {Cross out the word not required in this line.} ...

Age, 33 *Years,* ... *Months,* ... *Days.*

Color, ... *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Porter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 32 N Kinsale St

Cause of Death, {First (Primary,) Marked Dyspepsia

Second (Immediate,) Cerebritis

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 16th 1875

Undertaker, Jas. M. Chase

Place of Business, 198 S. Howard St.

... *M. D.*
Medical Attendant.

Address ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1652.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~when duly filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary C. Abbott.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 48 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

~~*Occupation*~~, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, 48 years

Place of Death, {Give street and number.} No 355 East Baltimore St

Cause of Death, {First (Primary,) Hypertrophy with Dilatation, of Heart, Second (Immediate,) —— Dropsy ——

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 17th 1875

Undertaker, Hughes

Place of Business, 65 N. Broadway

Thomas R. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1653.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled~~ out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 16

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James F Bellair

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 3 *Years,* 9 *Months,* 8 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore city

Duration of Residence in the City of Baltimore, life time

Place of Death, { Give street and number. } No. 11 Cor Chas & Lenox Sts

Cause of Death, { First (Principal) Scarlatina Malig

Second (Immediate.) ~~Hartnet~~

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Ft Hyndman Cem ~~Ft Mc Henry~~ *M. D.*

Medical Attendant.

Date of Burial, Carried 17 Jan 1875

Undertaker, Henry Houck *Address* 157 E. Madison

Place of Business, 209 Centre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Huttleman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* ———

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} St Joseph's Gen.l Hospital

Cause of Death, First (Primary,) Febris Typhoidea

Second (Immediate,) Exhaustion

Duration of Last Sickness, about 7 years

All the above information should be furnished by the Physician.

Place of Burial, Jerusalem Rev.d Cemy M. D.

Date of Burial, March 17th 1875 Medical Attendant.

Undertaker, Henry Stark *Address* St Joseph Hospital

Place of Business, No 309 Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1855

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augustus P. Webb

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 67 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N Green St No 70

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Albuminuria

Duration of Last Sickness, About five years.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 18th 1875

Undertaker, Thos Eodgett Son

Place of Business, N Hanover

N. R. Smith M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1656.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Schlosserbeck

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 4 Years, ~~—~~ Months, ~~—~~ Days.

Color, White *Sex,* Female

~~Married, Single~~, Widow ~~Widower~~, {Cross out the words not required in this line.}

Occupation, worked in Pickling House

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} 12 Union Street

Cause of Death, {First (Primary,) Cold

{Second (Immediate,) Pneumonia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field James A. Steuart M. D.

Date of Burial, March 16th 1875 ~~Medical Examiner~~ Health Commissioner

Undertaker, M. H. C. Penn Registrar

Place of Business, W. Pratt St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Information from Lady with whom She lived No 12 Union Street

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1657.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 15 minutes after 10 P.M. 16th March 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Alfred Simpson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 *Years,* Seven *Months,* Four *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, — — — —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } No 3 Jessup Ct Near Penn Ave

Cause of Death, { First (Primary,) Typhoid Fever / Second (Immediate,) —

Duration of Last Sickness, About nine days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 17th 1875

{ *Undertaker,* Wm James Gray / *Place of Business,* 65 Mulberry St

Wm. L. Green M. D.
Medical Attendant.

Address 181 N. Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore. No. 1658

Permit No. 1658.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augusta Gertrude Ronald,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ~~Years,~~ *Months,* 4 mos. *Days.*

Color, Light Brown. *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married Woman.

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt city

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 186 Chestnut st

Cause of Death, {First (Primary,) Consumption
{Second (Immediate,)

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 17th 1875

{*Undertaker,* Wm E Gray
{*Place of Business,* 65 Hanover st

W M Autrim M. D.
Medical Attendant.

Address 192 Park st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1659.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT MAR 16 1875 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 14 March 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years.~~ 3 *Months,* ~~Days.~~

Color, White. ~~S.~~

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 2 weeks

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, {First (Primary,) Atrophy

{Second (Immediate,) Hydrocephaloid Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral B. G.

Date of Burial, March 17 1875 — Marbury Brown M. D.
Medical Attendant.

Undertaker, Sisters in Charge

Place of Business, St Vincents Asylum Address 201 W. Biddle Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 1660

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1660,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen Bows

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One Years, Four Months, Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 204 N Exeter St

Cause of Death, {First (Primary,) Scarlet Fever

{Second (Immediate,) Congestion of Brain

Duration of Last Sickness, Four Days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Mar 17 1875

Chas A McConnell M. D.
Medical Attendant.

{*Undertaker,* Jas P Byrne

{*Place of Business,* 63 Front St *Address* No 134 N Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1661

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 16 March 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Bell Dobson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 229 E Lanvale Balto City

Cause of Death, {First (Primary,) Softening of the Brain, Many Months

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bethel Cemetery

Date of Burial, March 17th 1875

{*Undertaker,* Thos E Hughes

{*Place of Business,* 60 E Balto St

J Ridgway Anthony M. D.
Medical Attendant.

Address No 121 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1662

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 16th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stephen Stevenson

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Janitor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cambridge, Md

Duration of Residence in the City of Baltimore, 50 yrs.

Place of Death, {Give street and number.} 254 E. Monument St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate.) Asthenia

Duration of Last Sickness, 4 wks 4 mos.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 18th/75

Undertaker, Geo. Schilling

Place of Business, No 212 E. Monument St

H. T. Reynolds M. D.
Medical Attendant.

Address 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1663

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 15. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fannie V. Hough

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 38 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* Female

Married, ~~Single,~~ *Widow* ~~or Widower,~~ {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St. Mary's Co. Md

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give street and number.} 118 Bethel st

Cause of Death, {First (Primary,) Cancer of Womb
Second (Immediate.) Inanition

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Geo. A. Hartman M. D.
Medical Attendant.

Date of Burial, March 17th 1875

Undertaker, R. Hall *Address* 305 N. Caroline st

Place of Business, Baltimore st near Caroline st No 196

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1664

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 16 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} W L Janet

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ~~—~~ *Years,* 15. *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 8 E. Lemd.

Cause of Death, { First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Methodist Cemetery York Rd

Date of Burial, March 18 1875

Undertaker, Jas. C. Fedinger

Place of Business, 38 Eutaw Street

Abram P Steele M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1665

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Mar 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida B. Whittington

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* [illegible] *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 18 S. Front

Cause of Death, {First (Primary,) Pertussis

{Second (Immediate,) Meningitis

Duration of Last Sickness, 3 wks.

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, March 17th

{*Undertaker,* Jno H. Weaver

{*Place of Business.* Fayette St

H. F. Reynolds M. D.
Medical Attendant.

Address 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1166

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 17th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward D. Peal

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* Three *Months,* Six *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 72 S. Bond St.

Cause of Death, First (Primary,) Lobular Pneumonia

Second (Immediate.)

Duration of Last Sickness, 2 weeks - Has been sick more or less since birth

All the above information should be furnished by the Physician.

Place of Burial, New Methodist Prot. Cem'y

Date of Burial, March 18th

C. Edward Muir *M. D.*
Medical Attendant.

Undertaker, Wm Ivy

Place of Business, 54 N Broadway *Address* 163 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1667.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 17th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Henry Beck

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 2 Months, 17 Days.

Color, White Sex, Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 3 Butler St

Cause of Death, {First (Primary,) / Second (Immediate,)} See Syphilis about one month

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 18th 1875

{Undertaker, / Place of Business,} Charles Herold 161 Hanover St.

J. C. Buck M. D.

Medical Attendant.

Address 141 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1668.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 16 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Eigner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One Year, Eight Months, Eight Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} Baltimore 24 St. 111

Cause of Death, {First (Primary,) Convulsions

Second (Immediate,) Fits

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Mathias Cemetery

Date of Burial, March 17/75

Undertaker, Ch Rossig

Place of Business, 136 E Fayette

C. H. Keenan M. D.
Medical Attendant.

Address 1828 Caroll Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1669.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry S Kidmore

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow~~ *Widower,* {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number.} S. W. Cor Worth & Fayette St

Cause of Death, {First (Primary,) Dropsy
Second (Immediate,) Anasarca

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Dennis & Sleman M. D.

Date of Burial, March 17th 1875

{*Undertaker,* Jas D Chalmers Comm'r of Health &
{*Place of Business,* Penn Ave Address Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1670

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Knowles

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, Watchman B&O. R.R. Co.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co. Md.

Duration of Residence in the City of Baltimore, 37 yrs,

Place of Death, {Give street and number.} 212 East. ave.

Cause of Death, First (Primary,) Liver disease (Cirrhosis)

Second (Immediate,) General debility

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 18. 1875

Undertaker, Mathias A. Dorsey

Place of Business, 74 S Broadway

R. W. Mansfield *M. D.*
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1671.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm R. Prout

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 Years, Months, 14 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 89 Barnet

Cause of Death, {First (Primary,) Hooping Cough

{Second (Immediate,) Two weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Cemetery D. N. Webster M. D.

Medical Attendant.

Date of Burial, March 17th 1875

{*Undertaker,* John Sparks

{*Place of Business,* 1850 Canton *Address* 57. Barnet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1672.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary Smith -

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* 2 *Months,* 12 *Days.*

Color, White. *Sex,* Female -

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania -

Duration of Residence in the City of Baltimore, 22 years.

Place of Death, {Give street and number.} 60 Dawson St.

Cause of Death, { First (Primary,) Heart disease,
Second (Immediate,) 3 hours -

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Near Perrymansville Harford Co Md J. H. Hinck M. D.
Medical Attendant.

Date of Burial, March 18th 1875

{ *Undertaker,* M. A. Kaufer *Address* 35 E. Baltimore St
{ *Place of Business,* 74 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

"50"

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1673.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 16th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Eckhart

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 73 *Years,* ——— *Months,* ——— *Days.*

Color, *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 153 Harford Ave

Cause of Death, {First (Primary,) / Second (Immediate.)} General Debility

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem. Dr. Brooke Boyle M. D.

Medical Attendant.

Date of Burial, March 18th 1875

Undertaker, Henry Roach *Address* 174 E. Eager st

Place of Business, No 308 Fleet & Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1674

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 17 1875 BALTIMORE

Date of Death, March. 16th 1675.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Stitch

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 11 *Years,* Months 2 mo 16 *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, _____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, ever since

Place of Death, {Give street and number.} No 24 65 S. Charles St

Cause of Death, {First (Primary,) Hydrocephalus

{Second (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 18th 1875

Undertaker, Thos. O. Hughes

Place of Business, 60 E Balto *Address* 201 Hanover St Baltimore

A. W. Dodge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1175.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Mar 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles I. Gibbons

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, White *Sex,* —

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 51 Pratt St

Cause of Death, First (Primary,) Heart disease

Second (Immediate,) Intemperance

Duration of Last Sickness, only a few hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Mar 18th 1875

Undertaker, Geo Blackstin

Place of Business, 613 N Balto St

James A Steuart M. D.
Medical Attendant.

Corner 16. & Regester
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1676

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Tschudy Tschudy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* 28 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 172 Chesnut St

Cause of Death, First (Primary,) Teething

Second (Immediate.) Congestion of Brain

Duration of Last Sickness, one Day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 18 1875

Undertaker, Chas. Rossing

Place of Business, 136 E. Fayette St *Address*

G. Liebmann M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1677

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward L. Norris

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* 4 *Months,* 18 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, 71 y. 4 mon. 18 days

Place of Death, {Give street and number.} No 104 N. Biddle St. Baltimore

Cause of Death, {First (Primary,) / Second (Immediate,)} Erysipelas

Duration of Last Sickness, 7 Days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemy Pembroke H. Hamble M. D.

Date of Burial, March 18th 1875 Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, Nos 4 & 6 Druid Hill Ave *Address* No 203 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1678

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Henson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} —

Age, 32 *Years,* — *Months,* — *Days.*

Color, Brown *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queen Annes County

Duration of Residence in the City of Baltimore, Fourteen Years

Place of Death, {Give street and number.} 2498 Howard St.

Cause of Death, {First (Primary,) Consumption / Second (Immediate.) Hemorrhage}

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery,

Date of Burial, March 17 1875

Undertaker, [illegible]

Place of Business, [illegible] Howard St

L. M. Hall M. D.
Medical Attendant.

Address 266 D Sharpe St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1679.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Hornish

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 20 *Days.*

Color, White *Sex,* male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 399 Shakspeare

Cause of Death, {First (Primary,) / Second (Immediate,)} Teething

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Cemty James A Steuart M. D.

Date of Burial, Mar 17th Medical Attendant.

{*Undertaker,* C. H. Crone / *Place of Business,* 209 Hanover st.} *Address* Corner N. & Regester

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1650

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16th Eighteen hundred & Seventy-five

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Patterson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Fifty-four Years, Six Months, Eight Days.

Color, White Sex, Masculine Gender

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married, leaves a Widow

Occupation, Machinist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, The greater part of his life

Place of Death, {Give street and number.} N. Wolf St. Not Numbered yet - 5th House S. of Chase St.

Cause of Death, First (Primary,) Disease, Gastritis - (Cause, Cold & Exposure)

Second (Immediate.) Ulceration & Softning of Stomach, death by Exhaustion

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery A. J. Foard M. D.

Date of Burial, March 18th 1875 Medical Attendant.

Undertaker, Jos. Loane

Place of Business, 548 W Balto St Address No 16 S. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1681,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 16 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Grace Seaton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 5 m

Place of Death, {Give street and number.} 271 N. Eutaw St

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,)

Duration of Last Sickness, 8 days

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 18 March 1875

Undertaker, Chas T Seaton

Place of Business, 271 N Eutaw St

G. Lane Tanyhill M. D.
Medical Attendant.

Address 129 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1682

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 16 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Jackson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 7 Months, Days.

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 42 Orchard St.

Cause of Death, First (Primary,) Hydrocephaloid

Second (Immediate.) Infantile Convulsions

Duration of Last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Forest Cemetery

Date of Burial, March 18th 1875

Undertaker, Wm James Gray

Place of Business, 65 Wards St

Wm H. Thompson *M. D.*
Medical Attendant.

Address 42 Orchard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1183,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Caroline

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.} Carthwait

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, about 50 years

Place of Death, {Give street and number.} Corner of Calhoun & Lexington Sts

Cause of Death, First (Primary,) Nut Meg Liver & Hypertrophy of the Heart

Second (Immediate,) Insanse

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 18

Undertaker, Jno H. Weaver

Place of Business, Fayette St

By Thomas Shearer M. D.
Medical Attendant.

Address 19 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1681

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 16 — 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Jackson

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* Eighteen *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Madison Ave near Boundary Ave

Cause of Death, First (Primary,) Capillary Bronchitis

Second (Immediate,) Apnea

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 18th 1875

Undertaker, Geo Saffran

Place of Business, 121 Penn Ave *Address* 290 Madison Ave

C. C. McDowell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

HEALTH DEPARTMENT MAR 1875 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1685

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Potter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Eight *Years,* Seven *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Eight years and Seven Months

Place of Death, {Give street and number.} No 11 Wells St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Hydrothorax

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, 18 March 1875

{*Undertaker,* John P. Linch / *Place of Business,* 265 Aliceanna}

Nicholas L. Dashiell M. D.
Medical Attendant.

Address 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 17 1875

Permit No. 1656

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John F Butler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* 2 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Bookseller

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County, Md

Duration of Residence in the City of Baltimore, Two years

Place of Death, {Give street and number.} 29 Saratoga St

Cause of Death, { First (Primary,) Phthisis Pulmonalis.
{ Second (Immediate,)

Duration of Last Sickness, Thirteen Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, March 18th 1875

Undertaker, John L Murphy *Address* 259 N Exeter St

Place of Business, No 150 Camden St

John L. Yellott M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

HEALTH DEPARTMENT MAR 17 1875 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1687

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17th 4.45 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Theresa Alors

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 13 *Years,* 1 *Months,* 29 *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cor. Exeter & Madison sts. Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 110. N. Central Ave

Cause of Death, First (Primary,) Endo pericarditis

Second (Immediate,) meningitis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemt.

Date of Burial, March 19.

Undertaker, H Hofmann

Place of Business, 63 N. Eden St. *Address* 27 N. Broadway

Pierre G. Dausch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish thin forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 17 1875 BALTIMORE MD.

Permit No. 1688

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17th

Full Name of Deceased, {Write legibly and spell correctly If an infant not named, give names of parents.} Louis Schmitt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 3 Months, 15 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 104 Warner St

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, only a few hours

All the above information should be furnished by the Physician.

Place of Burial, Balton Cemetery

Date of Burial, 16th of March

Undertaker, Ph. Voeswald

Place of Business, 35 S. Eutaw St

I. C. Busch M. D.

Medical Attendant.

Address 141 Hamm St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 17 1875 BALTIMORE

Permit No. 1689

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Nolan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, 14 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 56 yorkst

Cause of Death, {First (Primary,) Congestion of Lungs
Second (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cem J. H. Webster M. D.
Medical Attendant.

Date of Burial, March 17 1875

Undertaker, Armstrong & Denny

Place of Business, No 263 Light St *Address* 57 Bank st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1690

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Daniel Cancilman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 83 *Years,* 7 *Months,* 16 *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, Two Years

Place of Death, {Give street and number.} # 37 S. Gilmore St

Cause of Death, {First (Primary,) Paralysis

{Second (Immediate.) Two Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, March 18th 10 Oclock

Undertaker, J. B. Blackistonson

Place of Business, West Balto 606 — *Address* 584 W Fayette St

James E. Pattison M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1691

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lena R Manly

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Not *Years,* 2 Mos *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bala City

Duration of Residence in the City of Baltimore, Since Life

Place of Death, {Give street and number.} Hollins St bet Calhoun

Cause of Death, First (Primary,) Congestion of bowels

Second (Immediate.) Cerebral Effusion

Duration of Last Sickness, About one Week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem C. P. Hoffman M. D.

Medical Attendant.

Date of Burial, March 18th 2 O'clock

Undertaker, J. B. Blackiston Son *Address*

Place of Business, West Balt 21st 696

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Phy-sician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1692

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Janett Isaacs

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,* male

~~*Married, Single, Widow*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Brick Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number.} 122 Bethel Street

Cause of Death, {First (Primary,) Paralysis

{Second (Immediate,) "

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery James A Steuart M. D.

Date of Burial, March 18th 1895 ~~Medical Attendant~~ Comptr. & Registrar

{*Undertaker,* Jno. H. Locke.

{*Place of Business,* Wolf St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Information from Francis Cornish Daughter
122 Bethel St.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1693,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17-1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Ryan

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 36 *Years,* 10 *Months,* 12 *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.} Married,

Occupation, Household duties

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Wolfe bet Chase and Eager

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Asthenia and Apnea

Duration of Last Sickness, One year (about)

All the above information should be furnished by the Physician.

Place of Burial, Green mount Cemetery, C. C. McDowell M. D.

Date of Burial, March 19th 75. Medical Attendant.

Undertaker, W. & T. Gregory, *Address* 290 Madison Ave

Place of Business, 22 N. Naylor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1694

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Henry Glanford

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* ——— *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 48 Diamond St,

Cause of Death, {First (Primary,) Pneumonia
Second (Immediate.) Amuloisis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 18th March 1875

{*Undertaker,* Jos L Dawson
Place of Business, No 6 3 Park St.

J. H. Keller M. D.
Medical Attendant.

Address 89 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 1695

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph H. Williams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months,* *Days.*

Color, African *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore. 4 years.

Place of Death, {Give street and number.} 87 Plum Alley

Cause of Death, { First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 18 th 1875

Undertaker, John C Longdon

Place of Business, 170 65 Park St *Address*

J. H. White *M. D.*
Medical Attendant.

Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1696.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR
18
1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant of Peter & Mary Brooks

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 *Days.*

Color, Black *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 18 Welcome alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Spasms

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James A Steuart M. D.

Date of Burial, March 18 1875 ~~Medical Attendant~~ Com. & Registrar

{*Undertaker,* S. W. Chase / *Place of Business,* 5 Howard St *Address*}

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Lucy Sidney Medwife

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1697.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Allbaugh —

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} —

Age, — *Years,* — *Months,* Twelve days *Days.*

Color, White — *Sex,* Female —

~~*Married,* *Single,* *Widow or Widower.*~~ {Cross out the words not required in this line.} Infant

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 89. E. Fayette Str —

Duration of Residence in the City of Baltimore, 12 days —

Place of Death, {Give street and number.} 89 - E. Fayette Str -

Cause of Death, {First (Primary,) Indigestion —
Second (Immediate,) convulsions —

Duration of Last Sickness, — 1 days —

All the above information should be furnished by the Physician.

Place of Burial, Hartford Co. Md. — *M. D.*

Date of Burial, March 18th 1875. Medical Attendant.

{*Undertaker,* Wm. H. Hickman
Place of Business, 234 E. Gay St. *Address* 89 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 1698

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Lavinia Camphor

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~X~~ *Years,* 18 *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 18 months

Place of Death, {Give street and number.} Lemon alley No 27

Cause of Death, First (Primary,) Rachitis

Second (Immediate,) Asthenia 5 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 18 1875

Undertaker, John E Dodge

Place of Business, No 63 Park St

Wm G Harrison Jr M. D.
Medical Attendant.

Address Balto General Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1699.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 18th March 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Katharine Schuerr

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} female

Age, 2 *Years,* 5 *Months,* 24 *Days.*

Color, *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 376 Saratoga St Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 376 Saratoga St.

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Pneumonia

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, the 20th of March

Undertaker, P. Kummert

Place of Business, 311 Mulberry.

Dr. Hebmann M. D.
Medical Attendant.

Address 120 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1700.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Philip Bangard

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } ..... Years, ... Months ..... Days.

Age, 2 Sex, Male

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, none

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } Washington University.

Cause of Death, { First (Primary,) Moribund

{ Second (Immediate.) His Father says one week

Duration of Last Sickness, Geo D Roys M. D.

All the above information should be furnished by the Physician. Medical Attendant.

Place of Burial, W. Lafayette Sq.

Date of Burial, March 18, 1875

{ Undertaker, Henry Sloan

{ Place of Business, 329 Eastern Av. Address Washington Univ Hospt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1701.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John M. Davis

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 8 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tinner.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt - Md

Duration of Residence in the City of Baltimore, 48. Years

Place of Death, {Give street and number.} 222. Baltimore Avenue

Cause of Death, First (Primary,) Softening of the Brain

Second (Immediate,) Paralysis

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 19th 1875

Wood Gross M. D.
Medical Attendant.

Undertaker, Armstrong Sons

Place of Business, 263 Light St. *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1702,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ezekiel Hezekiah Wilkinson.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Caulker.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, Dang life

Place of Death, {Give street and number.} 280 N. Ann St

Cause of Death, {First (Primary,) Consumption.
Second (Immediate,) 2 months.

Duration of Last Sickness, 2 months.

All the above information should be furnished by the Physician.

Place of Burial, Mill Road M E Ch

Date of Burial, March 19 1875

Undertaker, Conley

Place of Business, 54 n Broadway

J. H. Hanck M. D.
Medical Attendant.

Address 73 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1703,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Grace Rogers

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 16 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 62 E. Eager St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} do

Cause of Death, {First (Primary,) Pseuds Membranous Laryngitis. / Second (Immediate,) do}

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery. *Date of Burial,* March 19th 1875

Dr. Casey Hunnay M. D.
Medical Attendant.

Undertaker, W. H. Neaves,

Place of Business, 23 N. Paca St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1704

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17th 1898

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Mary Lucien

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* 17 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Mass

Duration of Residence in the City of Baltimore, 11 months

Place of Death, {Give street and number.} 36 Josephine Stret

Cause of Death, {First (Primary,) Tubercula. Pneumonia

Second (Immediate.)

Duration of Last Sickness, 21 days'

All the above information should be furnished by the Physician.

Place of Burial, Saint Peters

Date of Burial, March 18th

Undertaker, A. Waidaner

Place of Business, 518½ W. Baltimore St. *Address*

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1705.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John Lear

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 23 *Years,* 8 *Months,* 8 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Moulder

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County Meath Ireland 2 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 341 Eastern Ave.

Cause of Death, {First (Primary,) Bright's Disease (Albuminuria)

Second (Immediate.) Anemia

Duration of Last Sickness, about 3 years

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, March 20th 1875

{*Undertaker,* W. A. Daiger

Place of Business, 114 S Broadway

James L. Bruce *M. D.*
Medical Attendant.

Address 254 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1706.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Ariat Curry

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* 9 *Months,* 26 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Cor Laurale & Fremont

Cause of Death, {First (Primary,) Pyemia

{Second (Immediate,) Puerperal Fever

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 18th 1875

{*Undertaker,* Jacob Weaver

{*Place of Business,* No 476 Druid Hill Ave *Address* 251 Madison Ave

J. H. Wilson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1707.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sallie Vanderbilt Kirby

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Twenty two *Years,* Three *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} San Francisco California

Duration of Residence in the City of Baltimore, Fifteen years

Place of Death, {Give street and number.} 57 N. Carey St Baltimore City ~~Baltimore Co. No.~~ 57 N. Carey

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Seven & eight Months

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem Jos. Leigh Martin M. D.

Date of Burial, Saturday Mar. 20th Medical Attendant.

Undertaker, H W Jenkins & Son *Address*

Place of Business, 16 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1798

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Harriet Collins

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. } Female

Age, 3 *Years,* 7 *Months,* ..... *Days.*

Color, Negro *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Infant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Born in Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } N. Bethel, 21 #86

Cause of Death, { First (Primary,) } Injury to Spinal cord

{ Second (Immediate,) } Convulsions

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cemetery

Date of Burial, March 13th 1875

{ *Undertaker,* John W. Locke

{ *Place of Business,* 65 S. Wolfe St

G. Glanville Lusk M. D.
Medical Attendant.

Address Balto & Washington Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1709.

HEALTH DEPARTMENT MAR 18 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grafton Brown

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 20 *Years,* ~~0~~ *Months,* ~~0~~ *Days.*

Color, Colored *Sex,* Male

~~Married,~~ *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 4 1/2 Months

Place of Death, {Give street and number.} Johns Alley

Cause of Death, {First (Primary,) Typhoid fever / Second (Immediate,)

Duration of Last Sickness, About a week

All the above information should be furnished by the Physician.

Place of Burial, Balt Central Bottom

Date of Burial, Maryland Rail Road 16 miles, March 19

Undertaker, Jno James Gray

Place of Business, 65 Mulberry St

Elias C. Price M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 18 1875 BALTIMORE.

Permit No. 1710,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *immediately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Louisa Plitt.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Year,* 7 *Months,* ——— *Days.*

Color, *Sex,* Fem.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 7 Mo.

Place of Death, {Give street and number.} 330 Hanover St.

Cause of Death, {First (Primary,) / Second (Immediate.)} Meningitis

Duration of Last Sickness, 13 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery *M. D.* J. N. Tall

Date of Burial, March 19 *Medical Attendant.*

{*Undertaker,* Henry Bruce / *Place of Business,* Henrietta 81} *Address* 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1711

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 17 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael John Schoeny

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* 4 *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Varnisher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 139 N. Howard

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, March 20

Undertaker, S B Cook

Place of Business, No 707 W Baltimore St

L Kellar M. D.
Medical Attendant.

Address 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1712

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 17th March

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Geisler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St Agnes Hospital

Cause of Death, { First (Primary,) Pulmonary Consumption
Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field Edwd F. Mellvelle M. D.

Date of Burial, March 18th 1875 Medical Attendant.

{ *Undertaker,* W. Donovan *Address* 279 W. Lombard
{ *Place of Business,* Bank St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1713

HEALTH DEPARTMENT MAR 18 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amand A Muir

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 454 East Lombard St

Cause of Death, First (Primary,) Cancerous diathesis

Second (Immediate.) Cancer

Duration of Last Sickness, 2 months & 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 19th 1875

Undertaker, M. A Daiger

Place of Business, 74 S. Broadway *Address* 100 N. Broadway

Milton J Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johanna Christiana Schmidt

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* ——— *Months,* 10 *Days.*

Color, white *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 336 Canton Ave

Cause of Death, First (Primary,) Hemorrhage Umbilical

Second (Immediate.) Exhaustion

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, 5th Reform Germ B.G. Louis Klein M. D.

~~Medical Attendant.~~

Date of Burial, March 20th 1875 Comptroller Registrar

Undertaker, Geo Froelich *Address*

Place of Business, Canton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Information from Geo Schmidt – Father

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1715

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth McAvoy

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 69 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ Widow ~~Widower~~

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Montgomery County - Md.

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number.} 32 Mount St

Cause of Death, {First (Primary,) Phthisis Pulmonalis
Second (Immediate,)

Duration of Last Sickness, Confined to Bed 2 months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, 20th March

Geo. H. Dare M. D.
Medical Attendant.

Undertaker, Wm. H. Linard

Place of Business, 12 N. Baltimore *Address* 91 Frederick Ave Baltimore City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1716

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Emma Cannoles

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 *Days.*

Color, white *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 273 Preston Street

Cause of Death, First (Primary,) Cold

Second (Immediate.) Convulsions

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery Samuel Clemens M. D.

Date of Burial, March 19th ~~Medical Examiner.~~

{*Undertaker,* Jas Loane Comptr. Register

{*Place of Business,* W. Balto St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Oliver Cannoles Father and [OVER.

Annie Mesenchl Midwife

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1717.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 18. March 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Heinrich Seidt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1. *Years,* 6. *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. 87. E. Lombard St Baltimore

Cause of Death, {First (Primary,) Scarlatina Angina gangraenosa
Second (Immediate,) 18 Days'

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetiy

Date of Burial, 20 March

{*Undertaker,* Caspar Eckhart *Address* N. 88. E. Lombard St
{*Place of Business,* 269 Canton Ave

Peter M. P. Poretti M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1718,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leopold Heyer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, one *Years,* one *Months,* *Days.*

Color, white *Sex,* male.

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, O

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, eleven months

Place of Death, {Give street and number.} 270 S. Caroline St.

Cause of Death, {First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, about four months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, March 20th ~~Sat~~ Sun 8 a m

Undertaker, John Braun

Place of Business, 99 S. Wolf St. *Address*

L. Lange M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1719.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Mary G. H. Rogers

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, 83 *Years,* 1 *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single,*~~ *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annapolis Md

Duration of Residence in the City of Baltimore, 70 years

Place of Death, {Give street and number.} 72 Mt Vernon Place Balt

Cause of Death, { First (Primary,) old age / Second (Immediate,) Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, March 21st 1875

J. J. Mackenzie M. D.
Medical Attendant.

{ *Undertaker,* Just Weaver
{ *Place of Business,* 510 & 516 Druid Hill Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1720,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Melch

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 72 *Years,* 2 *Months,* *Days.*

Color, white *Sex,*

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Magathy A. A. Co. Md

Duration of Residence in the City of Baltimore, About 30 years

Place of Death, {Give street and number.} 72 S. Chapstank

Cause of Death, {First (Primary,) old age
Second (Immediate,) Dropsy

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, March 20th 1875

{*Undertaker,* Jacob Weaver
{*Place of Business,* 16 & 18 Smith Hill Avenue

R. W. Mansfield *M. D.*
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1721.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 18 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Offisk

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 62 *Years,* 10 *Months,* 17 *Days.*

Color, White *Sex,* Female

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 160 Eutaw Street

Cause of Death, {First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemt

Date of Burial, March 20th

Undertaker, John S. Rodenmayer *Address* 151 E Madison St

Place of Business, 102 E Monument

E Hall Rutledge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1722.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March. 12 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Lee

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Fifty five *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Twenty Eight Years

Place of Death, {Give street and number.} 18 N. Gallows st

Cause of Death, {First (Primary,) / Second (Immediate,)} Congestion of the Lungs

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery Catholic

Date of Burial, March 20 at 2 Clock Pm

M. D.
Medical Attendant.

Undertaker, George F. Zortmeyer *Address* 139 Gallows St.

Place of Business, 38 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1723

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosella Rice

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 4 *Years,* Months, / *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 115 Sterling

Cause of Death, { First (Primary,) Pseudo membranous Croup
Second (Immediate,)

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Ashland Balt Co

Date of Burial, March 20 3 O'Clock

{ *Undertaker,* George C Rotenmayer
Place of Business, 38 Enson St

Elihu Hall Rutledge M. D.
Medical Attendant.

Address 518 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

(53)

Board of Health, City of Baltimore,

Permit No. 1724

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 18, 1875,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Butler,

Sex, Male or Female, {Cross out the word not required in this line.} Male,

Age, 55 *Years,* 7 *Months,* ——— ~~*Days.*~~

Color, White, *Sex,* Male,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Labourer,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 24 yrs,

Place of Death, {Give street and number.} 93 Thames St

Cause of Death, First (Primary,) Phthisis Pulmonalis.

Second (Immediate,)

Duration of Last Sickness, 1½ years,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 20th.

Jno. J. Sullivan, M. D.
Medical Attendant.

Undertaker, H. Tippel

Place of Business, South Bond st. 151 *Address* 116 Thames St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1725.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Robinson

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Female

Age, 65 *Years,* ——— *Months,* ——— *Days.*

Color, *Sex,*

Married, ~~Single, Widow, Widower,~~ {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 53 Years

Place of Death, {Give street and number.} 178 N Fremont St

Cause of Death, {First (Primary,) Apoplexy

Second (Immediate,) Suddenly

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, March 20, 1875

Undertaker, H. A. Dager

Place of Business, 74 S. Broadway

L W Knight M. D.
Medical Attendant.

Address 112 N Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1726

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19 March

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benj Edward Sunderm

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ Months, 7 Days.

Color, Colored. *Sex,* ~~Male~~

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Single~~

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 30 Jefferson St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 30 Jefferson St.

Cause of Death, { First (Primary,) Trismus Nascentium

Second (Immediate,) Sore Sayer

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery Lester Stevenson M. D.

Date of Burial, March 19 Medical Attendant.

Undertaker, William Jones

Place of Business, 10 n East St *Address* 538 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 19 1875 BALTIMORE

Permit No. 1727

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 18th March 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Owens

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 16 *Years,* 10 *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Arundel Co Md

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} No 23 South Eutaw St

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,)

Duration of Last Sickness, Eleven weeks

All the above information should be furnished by the Physician.

Place of Burial, Anne Arundel Co. Thos. F. Owens M. D.

Date of Burial, 21st March Medical Attendant.

{*Undertaker,* J. J. Chalmers *Address* 262 Pen. ave

{*Place of Business,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(524)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 19 1875 BALTIMORE

Permit No. 1728.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17th 5 P.M. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Percival Frasier

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, Black *Sex,*

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} West Indies

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, {Give street and number.} University Hospital

Cause of Death, {First (Primary,) Congestion of lungs / Second (Immediate,) apnoea

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 19th

J. C. Worthington M. D.
Medical Attendant.

{*Undertaker,* H. Co. Pass *Address* Cor. Front & Lombard St.
{*Place of Business,* 145 N. Front St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 19 1875 BALTIMORE

Permit No. 1729.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel Moore

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 17 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bremen

Duration of Residence in the City of Baltimore, Early Years

Place of Death, {Give street and number.} 304 E. Fayette St.

Cause of Death, First (Primary,) Inflammation of the Bowels

Second (Immediate,)

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Philada Road M E B G

Date of Burial, March 20 /75

Undertaker, Cempfer

Place of Business, 54 N Broadway *Address* 143 S. Broadway

C. Edward Miller *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 19 1875 BALTIMORE

Permit No. 1730,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mollie Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* Five Weeks *Days.*

Color, Colour *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 186 Chestnut Ally

Cause of Death, {First (Primary,) / Second (Immediate,)} Cause Unknown (Prematurely born)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery W W Antrim M. D.

Medical Attendant.

Date of Burial, 20th March 1875

Undertaker, Jos. Loane Address ~~W W Antrim~~

Place of Business, 568 W Balto St 192 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 19 1879 BALTIMORE

Permit No. 1731,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mch 19th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. Dennett Sumwalt.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 7 *Months,* ——— *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 74 N. Fremont St.

Cause of Death, { First (Primary,) Lockjaw
Second (Immediate,) Internal Hemorrhage

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery J. G. Keller M. D.

Date of Burial, March 21st 1879 Medical Attendant.

Undertaker, McGowan Bros

Place of Business, 131 Saratoga st *Address* 69 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish the Undertaker or other person or persons superintending the burial, a Certificate within forty-eight hours after the death, setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 19 1975 BALTIMORE

Permit No. 1732,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death, or before the burial, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 16. 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Jones

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, African *Sex,* Female

~~*Married,* *Single,* *Widow or Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation, Nurse

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give street and number.} 5 S. Dallas st.

Cause of Death, {First (Primary.) Scrofula

{Second (Immediate.)

Duration of Last Sickness, six year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, March 18th 1875

{*Undertaker,* John W. Locke

{*Place of Business,* 66 S. Gold st

H. F. Kennedy M. D.
Medical Attendant.

Eastern Dispensary

Address 116

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the [illegible] be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and dur[illegible] death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 19 1875 BALTIMORE.

Permit No. 1733

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eda May Rhoades

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, June (9) Months, Five (5) Days.

Sex, Female

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.}

Cause of Death, { First (Primary,) Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 20th 1875

{ *Undertaker,* John W. Locke

{ *Place of Business,* 65 S Wolfe St *Address*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1734.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wesley Noble

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Sex, ~~Female~~

Age, Years, 2 Months, 16 Days.

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 411 Moores alley

Cause of Death, {First (Primary,) Scrofula

Second (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 20th 1875

{Undertaker, John C. Jordan

{Place of Business, Park St Address

James Lee M. D.

~~Medical Examiner~~ Comm'r of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by - Husband of Midwife

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1735

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob ~~Bearth~~ Bertsch

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, / *Years,* / *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 317 Aliceanna St.

Cause of Death, { First (Primary,) Syphilis (acquired) located in Second (Immediate,) Ulcerated skin, Metastatic Perforation

Duration of Last Sickness, 3 mos.

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery J. H. Rehberger M. D.

Date of Burial, March 22d Medical Attendant.

Undertaker, Michael Fenty Address 243 Aliceanna St.

Place of Business, No 35 Bank St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1736.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Green

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* June *Days.*

Color, Colored *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Nine days

Place of Death, {Give street and number.} No. 5 Dewberry Alley

Cause of Death, {First (Primary,) Premature Birth

{Second (Im[illegible]e,)

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 29th 1875

{*Undertaker,* John C Jordan

{*Place of Business,* No 6 Parker

Chas W Neff M. D.
Medical Attendant.

Address 306 W Hayward Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1737.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Setter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 95 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Servant of all Work

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 84 ~~70~~ years

Place of Death, {Give street and number.} Aged Women's Home—

Cause of Death, First (Primary,) Senile Phthisis

Second (Immediate,) Catarrh—& Exhaustion

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, 22nd March 1875

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light St.

Henry R. Noel M. D.
Medical Attendant.

Address No 10 N. Caroll

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1728.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} No name Twins Anna & Mary Sowers

Sex, Male ~~or~~ and *Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* one 6 hours, 8 hours ~~Days~~

Color, White

Sex, Female & ~~Boy~~ Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ramsay St 171

Duration of Residence in the City of Baltimore, 1 Day

Place of Death, {Give street and number.} Ramsay St 171

Cause of Death, First (Primary,) Premature Birth

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, York Pensilvania

Date of Burial, March 21, 1875

Undertaker, J. B. Blackistone & Son

Place of Business, West Bats St 606

J. H. Wiltshire M. D.
Medical Attendant.

Address 398 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Twins)

Board of Health, City of Baltimore,

Permit No. 1739 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Susan Gore

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 60 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 75 Scott st

Cause of Death, { First (Primary,) Bright's Disease
Second (Immediate,)

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 20 - 3 o'clock

{ *Undertaker,* J. B. Blackistonson
{ *Place of Business,* west Balt st 606 *Address*

Dr. P. Hoffman *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1740

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 19th March 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha Mayer

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Female

Age, 2 2 *Years,* 11 *Months,* 17 *Days.*

Color, W.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York City

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number.} 38 Brown St.

Cause of Death, {First (Primary,) Suppression of Urine —
Second (Immediate,) Metro pelvic Cellulitis (Puerperal)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, March 21st 1875

A. W. Dodge M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Cor Sharpe Cross st. *Address* 201 Hanover St Balto Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1741

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas Henry Thomson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* 8 *Days.*

Color, Black *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 134 Stirling st

Duration of Residence in the City of Baltimore, 3 Mos 8 das

Place of Death, {Give street and number.} 134 Stirling st

Cause of Death, {First (Primary,) Pneumonia
Second (Immediate,) Inanition

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 21st 1875

{*Undertaker,* William A. Dunger
Place of Business, 116 East St

E. Jno. Walls M. D.
Medical Attendant.

Address 181 E. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1742

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Mrs Maryanna Clark

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 24 *Years,* 1 *Months,* 6 *Days.*

Color, Brown Skin *Sex,* Married

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Husband Living

Occupation, Cook

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, No 1 Wagon Alley

Place of Death, { Give street and number. } No 1 Wagon Alley

Cause of Death, { First (Primary,) Typhoid Pneumonia
{ Second (Immediate.)

Duration of Last Sickness, 7 Week at No 1 Wagon Alley

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 21 1875

Undertaker, William H Engle

Place of Business, 104 East St

Abbott M. D.
Medical Attendant.

Address No 99 North St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 20 1875 BALTIMORE

Permit No. 1743.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death occurs, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James F. Mirry

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.} Male

Age, *Years,* 11 *Months,* *Days.*

Color, Col. *Sex,* male

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, ~~Cook~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~Pleasburg~~ Va Balto City.

Duration of Residence in the City of Baltimore, ~~11 yrs~~ 11 yrs.

Place of Death, {Give street and number.} No. 6 Mulberry Court

Cause of Death, {First (Primary,) Epilepsy
Second (Immediate,) Convulsions and Sudden Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 20th 1875

Undertaker, William A Lungee

Place of Business, No 104 East St.

J. G. Wiltshire M. D.
Medical Attendant.

Address 398 W. Fayette.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday March 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georgia Wilson Mc Clintz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Dallas st No 265 South

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cemetery, Phil R | John A Scott M. D.

Medical Attendant.

Date of Burial, March 20th

Undertaker, Wm Frey | *Address*

Place of Business, 54 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

HEALTH DEPARTMENT MAR 20 1875 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1745.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucinda Dunmore

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 6 *Days.*

Color, Black *Sex,* Female

~~*Married, Single,* Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 311 Biddle Street

Cause of Death, {First (Primary,) ———
{Second (Immediate,) Convulsions

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 20th

{*Undertaker,* John C Jordon
{*Place of Business,* Park St *Address*

James Allen M. D.
Medical Attendant

Comp. 46. 4 Ward

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information Furnished by Uncle of child & by letter from Midwife Ester Bordly

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 23 1875 BALTIMORE

Permit No. 1746,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after said death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Marshk

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~——~~ *Years,* 3 *Months,* ~~——~~ *Days.*

Color, white *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widowed, Widower,*~~ {Cross out the words not required in this line.}

Occupation, ~~——~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 74 Oxford Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsion

Duration of Last Sickness, half hour

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery *James A Dent* M. D.

Date of Burial, March 21st *Comptr & Captain* Medical Attendant

Undertaker, Andrew Leitz *Address*

Place of Business, Druid Hill Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information from Adam Marshk ~~Father~~

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1747

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 20 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Sheridan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~~ *Years,* ~~~~ *Months,* Nine *Days.*

Color, Col *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (if not born long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 132 Chestnut St

Cause of Death, {First (Primary,) Spasms

{Second (Immediate,)

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 20 1875

Undertaker, C F Chase

Place of Business, 80 Lexington Street *Address*

Elias C Price M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION. 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1718

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 20th,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary V. Eckhardt

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 1. *Years,* 2. *Months,* 17. *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 14 Months, 17 Days

Place of Death, {Give street and number.} 368 Hanover St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate.) Diphtheritic Croup

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 22nd 1875

Sherwood Leutch M. D.
Medical Attendant.

Undertaker, Charles A. Harold

Place of Business, 111 Hanover St. *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1749

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 19 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annah Kuckoer

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 2 *Years,* 2 *Months,* ~~*Days.*~~

Color, White *Sex,*

~~Married~~, *Single,* ~~Widow or Widower~~ {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ~~From~~

Place of Death, {Give street and number.} 302 S. 1 Bond

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) (double)

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, ~~Sunday. Richardson Row~~ St. Alphonsus Cem

Date of Burial, Sun. Mch 21. 2 P.M.

Abram B. Arnold M. D.
Medical Attendant.

Undertaker, John Bamm

Place of Business, 77 S. Wolf St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1750

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 21 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John F Byrnes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* Two *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Two days

Place of Death, {Give street and number.} No 2 Troy st St.

Cause of Death, {First (Primary,) Infantile Convulsions

{Second (Immediate,) Two days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 21st /75

Silas H. Hunter M. D.
Medical Attendant.

{*Undertaker,* ~~George~~ John Rodenmeyer Address 111 Greenmount Ave.

{*Place of Business,* 102 E Monument st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1751.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} George William Schlegel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years~~, 7 Months, 6 Days.

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Seven months & Six days

Place of Death, {Give street and number.} 240 South Bond Street

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Asphyxia

Duration of Last Sickness, nine weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery J. E. Gibbons M. D.

Medical Attendant.

Date of Burial, March 21st at 3 p.m.

Undertaker, Henry Sewell Sr

Place of Business, 56 London st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1752.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Henry Fowner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 42 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Butcher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany - 38 years

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and number.} Northwest cor. of Lexington & Oregon Sts.

Cause of Death, First (Primary,) Dropsy -

Second (Immediate,) Dropsy of the Pericardium

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 22

Undertaker, S B Cook

Place of Business, 707 W Baltimore St

Louis W. Knight M. D.
Medical Attendant.

Address 112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish the undertaker or other person or persons superintending the burial, a Certificate within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1753

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Frederick John Goneback

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ~~Years~~, One *Months,* ~~Days.~~

Color, White *Sex,* Male

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, One Month

Place of Death, {Give street and number.} No 46 Fish St. Canton

Cause of Death, First (Primary,) Hydrocephalus, Congenital,

Second (Immediate,) Paralysis

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Emmanuel Cemetery Ledford Road

Date of Burial, March 22 1875

Undertaker, George Heck

Place of Business, No. 24 S. Eden Street

Thomas D. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17511.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 20th of March 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John Ferdinand Ritter

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 10 *Months,* 10 *Days.*

Color, White *Sex,*

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 59 N. Castle

Cause of Death, First (Primary) Scarlatina (one exanthemata)

Second (Immediate) Diphtheritis, Suffocation

Duration of Last Sickness, not quite 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas burying

Date of Burial, March 21 20

Undertaker, Michael Furth *Address* 245 E. Baltimore

Place of Business, No 35 Bank st.

J. Guthrie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1755

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 21 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Knell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~~~ *Years,* 4 *Months,* 11 *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, For Life

Place of Death, {Give street and number.} No. 1 Offord St.

Cause of Death, {First (Primary,) Columbia, followed by Pertussis.
Second (Immediate.)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem. Fund Home. Louis W. Knight M. D.
Medical Attendant.

Date of Burial, March 23rd 1875

{*Undertaker,* Andrew Knell
{*Place of Business,* 226 Columbia St *Address* 112 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1756.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 21st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellie Yokel

Sex, Male or Female, {Cross out the word not required in this line.} d.

Age, Years, 9 Months, 12 Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 7 Month.

Place of Death, {Give street and number.} 178 Madison Ave

Cause of Death, First (Primary,) Water on the brain.

Second (Immediate,) Catarrh.

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Saint Alphonsis

Date of Burial, March 22nd 1875

Undertaker, Jacob Weaver

Place of Business, No 480 Druid Hill Ave

E. A. Mavis M. D.
Medical Attendant.

Address Cor Druid Hill Avenue and Hoffman Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1757

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 21st. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Antone Boharellich

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years.* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bohemia 4 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 280 S. Bond St.

Cause of Death, {First (Primary,) / Second (Immediate.)} Excessive use of ardent spirits half hour

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Cemetery

Date of Burial, March 23d 1875.

Undertaker, Leonhard Kurz

Place of Business, 278 Bond Street

Thos. Kelly, M. D.
Medical Attendant.

Address Town Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1758

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 20th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret O'Neil

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, "House wife"

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} 24 Hayes Alley

Cause of Death, { First (Primary,) Typhoid fever
Second (Immediate,) Ten days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Ursulas Cemetery

Date of Burial, March 22nd 1875

Undertaker, Thos J Hughes *Address* 117 East Baltimore St

Place of Business, 110 East Balto St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1759.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 20th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret E. Holborn.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 63 — *Years,* 10 — *Months,* 6 — 1 *Days.* 22 days

Color, White

Married, Single, Widow or Widower; {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frankfurt. Germany. about 38 years —

Duration of Residence in the City of Baltimore, 81 E. Baltimore St.

Place of Death, {Give street and number.} Apoplexy — Paralysis. — similar

Cause of Death, {First (Primary,) Second (Immediate.)} about 10 hours —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 25th 75

Undertaker, Thos J Hughes

Place of Business, 60 E Balto

H. C. Bohme. M. D.
Medical Attendant.

Address 86 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1760

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Reuben L Ramsey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, White *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Mariner New Jersey

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md Washington Co Hospital

Duration of Residence in the City of Baltimore, Washington Co Hospital

Place of Death, {Give street and number.} Concession & Bank

Cause of Death, {First (Primary,) Concussion & Bank

{Second (Immediate,)} Effusion in Brain

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, March 22d 1875

Undertaker, A Kidenger

Place of Business, 515 W Balto St

Geo Reynolds M. D.
Medical Attendant.

Address Washington Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1761

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Shultheis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cabinet Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 185 Central Avenue Front of Monument St

Cause of Death, First (Primary,)

Second (Immediate,) Typhoid fever

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Alfonsus Graveyard Milton A Taylor M. D.

Medical Attendant.

Date of Burial, 23 March

Undertaker, Henry Schultheis

Place of Business, Monument St Address No. 261.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1762

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 20th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert. Gilleland.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Four *Years,* 6 *Months,* *Days.*

Color, White, *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ---

Occupation, ---

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, ---

Place of Death, {Give street and number.} No 3 Baker St. Baltimore.

Cause of Death, First (Primary,) Basilar Meningitis.
Second (Immediate,) Nicotine Poisoning

Duration of Last Sickness, Six weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, 22 March 1875

Undertaker, Chas. J. Serium

Place of Business, 2018 Eutaw St

McClean Bibbins M. D.
Medical Attendant.

Address 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1763,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary Marg.t Piquette

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* 4 *Months,* 18 *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 24 years.

Place of Death, {Give street and number.} 502 W. Pratt St.

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) Valvular disease of Heart (Chronic)

Duration of Last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem H. C. Spear M. D.

Medical Attendant.

Date of Burial, Mar 22d 1875

Undertaker, Jas H Byrne *Address* 379 W. Fayette St

Place of Business, 63 Front st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1764.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dennis J Doyle

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.}

Age, 21 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Male

~~*Married,* Single, *Widow or Widowed,*~~ {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 5 Fayette St

Cause of Death, {First (Primary,) / Second (Immediate,)} Pulmonary Consumption

Duration of Last Sickness, about a year

All the above information should be furnished by the Physician.

Place of Burial, Old Cathe. Cem. Chas O'Donovan M. D.

Date of Burial, Mar 23d 1875 Medical Attendant.

{*Undertaker,* Las P Byrne / *Place of Business,* 63 Front st} *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1765

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Eliza Ann Reed

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* 5 *Months,* 9 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, about 60 years

Place of Death, {Give street and number.} 268 Saratoga St Baltimore

Cause of Death, First (Primary,) Pulmonary disease

Second (Immediate.) Consumption & heart disease

Duration of Last Sickness, about 20 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 23d

W W Hammond M. D.
Medical Attendant.

Undertaker, Jno H Weaver *Address* 53 N Paca St

Place of Business, Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1764

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE

Date of Death, March 21 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Ridgley

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, — 44 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Widow.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 112 Burgundy alley

Cause of Death, {First (Primary,) Rheumatism

{Second (Immediate,)

Duration of Last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, M. Christ

Date of Burial, Mar 22. 1875

Undertaker, J. H. Bachert

Place of Business, 58 Canton Place

James A Steuart M. D.
Medical Attendant.
Comp. Gen. & Registrar

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information from Mr. Hedgson
Edwin E Billings
119 Burgundy

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1767.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE

Date of Death, March 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Brown

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* — *Days.*

Color, Black *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 123 N. Durham St

Cause of Death, {First (Primary,) Catarrh — Pneumonia

{Second (Immediate.) "

Duration of Last Sickness, 3 days —

All the above information should be furnished by the Physician.

Place of Burial, Dallas St B.G

Date of Burial, March 23

Undertaker, John W. Locke.

Place of Business, Wolf St

Jonas A Linthicum M. D.

~~Medical Attendant~~

Surg 6th Regt

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information from Mother - Julia Ann Brown

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1768,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 22d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Billups

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, Eighty five *Years,* ——— *Months,* ——— *Days.*

Color, *Sex,* Female

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.} Wdw

Occupation, No occupation

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, her lifetime

Place of Death, {Give street and number.} No 228 W Pratt St

Cause of Death, {First (Primary,) ——— Second (Immediate,) Disease of the Heart

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral County

Date of Burial, 23d March 1875

Undertaker, Hyr. Jenkins & Son

Place of Business, 16 Light St *Address*

H Whatard *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1769.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 21 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Staggers

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Cabinet maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lancaster Pa.

Duration of Residence in the City of Baltimore. Fifteen years

Place of Death, {Give street and number.} 163 Light st

Cause of Death, {First (Primary,) Phthesis Pulmonalis

Second (Immediate.)

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, ~~Mt Olivet~~ Cemetery

Date of Burial, March 24th 1875

Undertaker, Timothy Kenny

Place of Business, 263 Light st

J H Webster M. D.
Medical Attendant.

Address 57 Bancroft

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1770

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary M. Smith

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* ——— *Days.*

Color, white *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cor Light & Hanberry St

Cause of Death, First (Primary,) Erysipelas

Second (Immediate,) Spasms

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery *Jas A Steuart* M. D.

Medical Attendant.

Date of Burial, March 22nd 1875 Cemetery Register

Undertaker, Arn & Denny

Place of Business, 263 Light St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information from Mr Denny Undertaker

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1771.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John F. Wm Boesche

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 1. *Years,* 11. *Months,* 28 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, 23. Months 28 days

Place of Death, {Give street and number.} 362. Hanover St

Cause of Death, {First (Primary,) Hydrocephalus
{Second (Immediate.) 24 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery Theodore Boesche M. D.
Medical Attendant.

Date of Burial, March 23d

{*Undertaker,* Christn Weber *Address* 146 Hanover St
{*Place of Business,* No 362 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1772

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 21st 4.45 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Hahn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 1 Months, 5 Days.

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 119 Low st. Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No " 119 Low st " "

Cause of Death, First (Primary,) Bronchial Catarrh

Second (Immediate,)

Duration of Last Sickness, twelve days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, March 22nd/75

Undertaker, Geo Schilling

Place of Business, No 212 E. Monument st

Pierre G. Dausch M. D.
Medical Attendant.

Address 27 North Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1773,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant of Annie Roberson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 3 *Days.*

Color, Black *Sex,* male

~~*Married, Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 49 Burgundy alley.

Cause of Death, {First (Primary,) / Second (Immediate.)} Spasms

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, W. Potter's Field — James A Kinsley M. D.

Date of Burial, March 22nd 1875 — ~~Medical Attendant.~~ Coron of H. & Registrar

Undertaker, M. H. C. Perry

Place of Business, W. Pratt St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information from M. H. C. Perry Undertaker

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1774,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE

Date of Death, March 21 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Charlotte (Homey)

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* 2 *Months,* 18 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.}

Cause of Death, First (Primary,)

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 23rd 1875

Undertaker, Hughes & Co

Place of Business, 65 S Broadway *Address*

_____ *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1775.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21st. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Singer.

~~Son, Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~8 months~~ *Years,* 18 *Months,* 14 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 18 yrs. 14 days

Place of Death, {Give street and number.} 8 Harmony Ln.

Cause of Death, First (Primary,) Diphtheria Laryngitis

Second (Immediate,) "

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Lot Home

Date of Burial, March 23rd

Undertaker, P. Kinnier

Place of Business, Mott. 8.17

Chas. W. Tuck M.D., M. D.
Medical Attendant.

Address Balto. Gen. Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1776.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR. 22. 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretta Fitzell

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 7 1 *Years,* ~~*Months,*~~ 3 wks ~~*Days.*~~

Color, white *Sex,*

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Somerset co. Md.

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number.} 252 Pough st.

Cause of Death, {First (Primary,) Laundice & acute apl
{Second (Immediate.)

Duration of Last Sickness, 3 wks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery R. W. Mansfield *M. D.*
Medical Attendant.

Date of Burial, 23rd March 1875

{*Undertaker,* Geo Frechtel *Address* 117 S. Broadway
{*Place of Business,* 339 Canton Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1777.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22d of March 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Christine Hoot

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 40 *Years,* 3 *Months,* *Days.*

Color, White ~~Sex,~~

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prussia (Poznan - Danzig) 16 yrs

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} 139 S. Spring st

Cause of Death, {First (Primary,) Febris puerperarum (Gangrenous)
{Second (Immediate,) Sept. cæmia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetary

Date of Burial, 23d March 1875

{*Undertaker,* Geo Frechtel
{*Place of Business,* 339 Canton Av

J Mathias M. D.
Medical Attendant.

Address 145 E Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1778

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederic Marshall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 21 yrs

Place of Death, {Give street and number.} 137 Eastern Ave

Cause of Death, First (Primary,) ~~Chron Bronchitis~~

Second (Immediate.) Acute Bronchitis, Pneumonia

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews Cemetery

Date of Burial, March 23rd

Wm. Kelly M. D.
Medical Attendant.

Undertaker, T. Creamer

Place of Business, 219 Canton Ave *Address* Canton & Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1779

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE

Date of Death, March 20

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arena Green

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* 4 *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 25 Ohio St

Cause of Death, {First (Primary,) Typhoid Pneumonia
{Second (Immediate.)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Fredon Bolton M. D.
Medical Attendant.

Date of Burial, March 24

{*Undertaker,* Jas H. Davis *Address* 146 Hanover St
{*Place of Business,* 12 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1780.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Milburn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Seventy nine *Years,* ~~Eight~~ *Months,* Two *Days.*

Color, White *Sex,* Male

~~*Married*~~, ~~*Single*~~, ~~*Widow*~~ *or Widower,* {Cross out the words not required in this line.}

Occupation, Brush maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Marys Co Maryland

Duration of Residence in the City of Baltimore, Four years

Place of Death, {Give street and number.} Low 21 101

Cause of Death, {First (Primary,) Disease of Kidneys
{Second (Immediate,)

Duration of Last Sickness, Three Years

All the above information should be furnished by the Physician.

Place of Burial, Richmond Va E. C. Baldwin M. D.
Medical Attendant.

Date of Burial, March 24th

{*Undertaker,* W. H. Hickman *Address* 124 N Eutaw
{*Place of Business,* N. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

(56)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1781

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE

Date of Death, Sunday Mch 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Augusta Calbertson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 39 *Years,* 5 *Months,* 5 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} Church Home & Infirmary N. Broadway

Cause of Death, {First (Primary,) ; Second (Immediate,) Embolism

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, March 23rd

Undertaker, Wm Fry

Place of Business, 54 N. Broadway

Frank D. Garvin M. D.
Medical Attendant.

Address Church Home & Infs N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 1782

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} George Washington Stanley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~4~~ *Years,* 14 *Months,* 9 *Days.*

Color, Colored *Sex,* male

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No. 7 Vincent st

Cause of Death, {First (Primary,) Bronchitis / Second (Immediate.)

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 23 1875

E. H. Holbrook M. D.
Medical Attendant.

{*Undertaker,* S H Chase
Place of Business, No 17 Howard *P. Address* No. 11 N. Carey st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1783

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Thomas P. Johnson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Supposed 84 *Years,* *Months,* *Days.*

Color, Mulatto *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Had been a dealer in old clothes

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Supposed about 50 years

Place of Death, {Give street and number.} 11 Raborg St.

Cause of Death, First (Primary,) Old age

Second (Immediate,) Ephamsine about 3 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 22 1875

Chas Carey Thomas M. D.
Medical Attendant.

Undertaker, W H Chase

Place of Business, No 191 St Howard St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1784,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 22 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Quillin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carter.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Seven Years

Place of Death, {Give street and number.} Seaudenhall St 3rd house so of West St E Side

Cause of Death, First (Primary,) Excessive drinking of Spirituous Liquors

Second (Immediate,) Delirium Tremans

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, March 22

Undertaker, J B Cook

Place of Business, N° 701 West Baltimore St

Dr. Bell M. D.
Medical Attendant.

Address 101 So Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1785.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE.

Date of Death, March 20th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Josephine

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Six *Years,* Six *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 243 N. Bond St

Cause of Death, First (Primary,)

Second (Immediate,) Croup

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, N. Cathedral

Date of Burial,

Undertaker, E. L. Hall 17 E.

Place of Business, *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1786

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 21st 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Mat. Schmidt

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 52 *Years,* 6. *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Stone

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bremen

Duration of Residence in the City of Baltimore. — 11 years

Place of Death, {Give street and number.} ~~S. Eutaw St~~ 276 — S. Ann St

Cause of Death, {First (Primary,) Peritonitis
Second (Immediate,)

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery.

Date of Burial, Mar. 24th. 8 a.m.

{*Undertaker,* John Braun
{*Place of Business,* 79 S. Wolf St *Address*

Peter M. P. Smith M. D.
Medical Attendant.
N. 88. E. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1787

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death occurs, if required, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Michael Mahoney

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 1 *Days.*

Color, *Sex,*

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} # 108 Frederick av.

Duration of Residence in the City of Baltimore, 12 days

Place of Death, {Give street and number.} 108 Frederick avenue

Cause of Death, { First (Primary,) Infantile Convulsions.
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet.

Date of Burial, March 23d

Undertaker, P. B. Cook

Place of Business, 703 W Baltimore st. *Address*

James E. Lintwoon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1788

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Barbara Rust.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} "

Age, 88 *Years,* *Months,* *Days.*

Color, White. *Sex,* Female.

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, Dan'l Life.

Place of Death, {Give street and number.} 85 Fremont Avenue,

Cause of Death, { First (Primary,) 84 age,
Second (Immediate,) General Paralysis.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Fremont Cemt

Date of Burial, March 24th

Undertaker, John S Rodenmayer *Address* 75 E. Baltimore St.

Place of Business, 102 E Monument St

J. H. Hanck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1789.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 187 S. Eutaw St

Cause of Death, First (Primary,) Catarrhal Fever

Second (Immediate,) Pneumonia

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Auburn Cemetery

Date of Burial, March 23th 1875

Undertaker, H. M. Stringer

Place of Business, 31 Eutaw St.

C. Edward Miller M. D.
Medical Attendant.

Address 143 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1790

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William R. Dudley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 9. *Months,* 11 *Days.*

Color, White *Sex.* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 9 months 11 days

Place of Death, {Give street and number.} 54 Bank St.

Cause of Death, {First (Primary,) Typhoid Pneumonia
Second (Immediate.)

Duration of Last Sickness, 24 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cimetery *Theodore Bode* M. D.
Medical Attendant.

Date of Burial, March 24 1875

Undertaker, Ansley *Address* 146 Hanover St

Place of Business, 514 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1791

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Missing since March 10th Found in Jones Falls March 22

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos C Brien

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* — *Months,* *Days.*

Color, white *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland. D

Duration of Residence in the City of Baltimore, in Balt 28 years

Place of Death, {Give street and number.} Found near Poate Street Bridge over Jones Falls

Cause of Death, {First (Primary,) / Second (Immediate.)} Accidental Drowning

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral grave yard Edmund R Walker M. D.

Date of Burial, March 24 10 Oclock AM ~~Medical Attendant.~~ Coroner 7th P. District

Undertaker, George C Rodenmayer *Address* 180 Linden Ave

Place of Business, 38 Enon St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1792

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} W E Lamber Harriet A Lamber

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 15 *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 91 N Dallas

Cause of Death, { First (Primary,) Convulsions
Second (Immediate,)

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry P S Zimmerman M. D.

Date of Burial, March 23 1875 Medical Attendant.

Undertaker, John H. Locks

Place of Business, 65 South Wolf St *Address* 73 East Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

Board of Health, City of Baltimore,

Permit No. 1793

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 22 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margt. Bescoffy (Besnofsky)

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 *Years,* 2 *Months,* 19 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } (Russia) Russiane Empire.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Both St Canton Ave

Cause of Death, { First (Primary,) Diphtheria

Second (Immediate,) to.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cemetery

Date of Burial, 23 March 1875

Undertaker, John H Schuh

Place of Business, 265 Hanover St. *Address*

Martin Deh. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1794

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 22d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Attic

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Twenty Nine *Years,* *Months,* Forty One *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Baltimore – 178 W. Lombard St

Cause of Death, First (Primary,) Consumption

Second (Immediate.) Hemorrhage of Lungs

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, March 24th 1875 J. E. Clagett M. D.

Medical Attendant.

Undertaker, Charles F. Herold

Place of Business, Hanover St. *Address* 18. S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1795

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 23d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Otto Fischer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* four *Months,* —— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 34 Covington St.

Cause of Death, { First (Primary,) Scarlatina

Second (Immediate,) from birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~34 Covington St~~ Greenmount Cem.

Date of Burial, March 24th/75

{ *Undertaker,* Chas. F. Todd

{ *Place of Business,* 16 Hanover St

J. H. Smith M. D.
Medical Attendant.

Address 108 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1796,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 22d

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Thomas

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Two *Years,* ——— *Months,* 8 *Days.*

Color, Colored *Sex,* Female

~~*Married*~~, *Single,* ~~or Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——— ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 45 Chestnut Ally

Cause of Death, {First (Primary,) Chronic pneumonitis

{Second (Immediate,)

Duration of Last Sickness, — Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, 23d March

{*Undertaker,* Wm. D. Gray

{*Place of Business,* Mulberry St near Park

W W Antrim M. D.
Medical Attendant.

Address 192 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1797

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 22nd March 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Daniel Gahill

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 78 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or~~ Widower, { Cross out the words not required in this line. } *Sex,*

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give street and number. } 100 South Gallows St.

Cause of Death, { First (Primary,) Consumption Diabetes

Second (Immediate,) Phthisis a Consumption

Duration of Last Sickness, I do not know

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Ground

Date of Burial, March 23rd "

Undertaker, Higbee T Co

Place of Business, 65 S Broadway

Milton A Taylor M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1798.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Baltimore March 22 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Moore

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Forty five *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Oysters opens

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co Maryland

Duration of Residence in the City of Baltimore, Seven years

Place of Death, {Give street and number.} West St 182

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Hydrothorax

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 23 1875

Undertaker, S H Clegg

Place of Business, No 11 Howard *Address* Hill St 146

J. L. Dyer *M. D.*

Medical Attendant.

Baltimore 146

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1799

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled~~ out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 22. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hester Ann Gross

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* ——— *Days.*

Color, ad *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 6 months.

Place of Death, {Give street and number.} 30 oxford st

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery W. B. Browne M. D.
Medical Attendant.

Date of Burial, March 23rd 1875

Undertaker, S. W. Chase *Address* 307 Madison Ave

Place of Business, 198 S. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1800

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21st 75.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fannie Gray

Sex, Male or Female, {Cross out the word not required in this line.} ~~35 years~~ Female

Age, 35 Years, — Months, — Days.

Color, White Sex,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, Waitress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lynchburg Va.

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and number.} 11 Green St.

Cause of Death, First (Primary,) Pregnancy

Second (Immediate.) Extra Uterine Conception

Duration of Last Sickness, 14 Weeks 2 weeks,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery.

Date of Burial, March 21st 1875

Lewis Hencken M. D.
Medical Attendant.

Undertaker, Wm H. Keane.

Place of Business, 223 N. Paca St. *Address* 233 N. Patrick

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 1801

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah A Bolgiano

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Five Years, Four Months, Twenty Two Days.

Color, White Sex, Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Five Years Four Months Twenty three days

Place of Death, {Give street and number.} # 98 Chew St

Cause of Death, First (Primary,) Pertussis

Second (Immediate.) Pneumonia

Duration of Last Sickness, Eight weeks

All the above information should be furnished by the Physician.

Place of Burial, Govans Cemetery

Date of Burial, March 24th 1875

Undertaker, Jno F Weaver.

Place of Business, 23 W Fayette St

A. Hartman M. D.
Medical Attendant.

Address, # 305 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 1802

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 21st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Julia Baetz

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 1 *Years,* 2 weeks. *Months,* ..... *Days.*

Color, White. *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 157 Jefferson st.

Cause of Death, First (Primary,) Gastro Enteritis

Second (Immediate.) Confirmation

Duration of Last Sickness, 1 week.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 24

Undertaker, Wm Fry

Place of Business, 54 N. Broadway

John A Connell M. D.
Medical Attendant.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1803,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1. 10. A.M. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Vogl

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 Years, 11 Months, 28 Days.

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore. Always

Place of Death, {Give street and number.} No 290 N. Central Av.

Cause of Death, {First (Primary,) Phthisis Pulmonalis or Consumption

Second (Immediate,)

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, St Agnes's Pierre G. Dausch M. D.

Date of Burial, March 24th 1875 Medical Attendant.

Undertaker, Henry Hoeft *Address* 27 N. Broadway

Place of Business, 304 Central Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 1804

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 22d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Ida Parsons

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Seventeen *Years,* *Months,* *Days.* *Sex,*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 367 W. Lombard St

Duration of Residence in the City of Baltimore. 17 years

Place of Death, {Give street and number.} 378 Lexington St

Cause of Death, {First (Primary,) Pulmonary Consumption
Second (Immediate,)

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Wensday 24 10 o'clock

Undertaker, J. B. Blackiston & Son *Address*

Place of Business, West Balt St 606

S. Enterline *M. D.*
Medical Attendant.

582 N Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 1805

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil* out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 22nd 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillian Beatrice Moore

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 449 North Central Ave-

Cause of Death, {First (Primary,) Simple Meningitis
Second (Immediate.) Two weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathe Cem

Date of Burial, Mar 24 1875

Undertaker, Jas F Byrne

Place of Business, 63 N Front St

Jno. Brooke Boyle M. D.
Medical Attendant.

Address 174 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTIC

Permit No. 1806

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Ritter Geiger

Sex, Male or Female, {Cross out the word not required in this line.} ——— *Years,* ——— *Months,* 16 *Days.*

Age, ——— *Sex,* ———

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 1 Yr 16 days

Place of Death, {Give street and number.} No 20 August St

Cause of Death, {First (Primary,) Pertussis} {Second (Immediate.) Capillary Bronchitis

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 23rd 75

{*Undertaker,* Thos S Hughes} *Address* No 83 E Dallas St

{*Place of Business,* 40 East Balto}

Charles McMurk *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTIC

HEALTH DEPARTMENT MAR 24 1875 BALTIMORE.

Permit No. 1807,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. Freemann

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 10 *Months,* *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 40 Granby St.

Cause of Death, First (Primary,) Scarlatina Maligna

Second (Immediate.)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, March 25th 1875

Undertaker, H. Saul Funk

Place of Business, No 85 Canby St. *Address*

Louis W. Knight M. D.
Medical Attendant.

112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 1808

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, (*accurately filled out*,) to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Pikes

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* 10 *Months,* *Days.*

Color, White. *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} No 313 Aisquith St

Cause of Death, First (Primary,) Aneurism of Aorta & Heart Disease

Second (Immediate,) Probable rupture of sacke

Duration of Last Sickness, its about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bald Cemetery

Date of Burial, March 24th 75

Undertaker, W H Hellmann

Place of Business, 234 N Gay St

Wm H Litsker M. D.
Medical Attendant.

Address 141 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1809

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 22nd 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Erina Mac Williams

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 10 *Months,* 22 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia Pa.

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 52 Spring Row

Cause of Death, { First (Primary,) Scarlet Fever
Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, March 24 Greenmount Cemetery

Date of Burial, March 24 1875

{ *Undertaker,* Matthias A. Dayer
{ *Place of Business,* 74 S. Broadway *Address* 254 Eastern Ave.

James F. McShane M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 1810

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Mch 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amanda Passeckner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, Months, Fourteen Days.

Color, Color ~ *Sex,* Mch

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 15 Josephine St

Cause of Death, { First (Primary,) Spasms
Second (Immediate,) Two Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field *Medical Attendant.* W W Athins M. D.

Date of Burial, March 24 1875

{ *Undertaker,* M. H. C. Perry *Address* 192 Dock St
{ *Place of Business* 448 Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 1811,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 24th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah M. Ford

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 3 *Months,* 12 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 36 Penny St. Canton

Cause of Death, First (Primary,) Congenital Malformation of the Mouth

Second (Immediate.) Marasmus.

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus graveyard

Date of Burial, March 25th 1875

C. Edward Kaiser M. D.
Medical Attendant.

Undertaker, H. M. Finnegan

Place of Business, 911 Canton Ave.

Address 1713 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 1812, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Mar 22nd 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas. Bailey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, African *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} 169 S. Washington

Cause of Death, {First (Primary,) Phthisis

{Second (Immediate,) Asthma

Duration of Last Sickness, 9 mos.

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. B.G

Date of Burial, March. 24th 1875

Undertaker, Wm. Donovan

Place of Business, Bank St. *Address* Eastern Dispensary

H. T. Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1813.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death or [illegible], or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 23" 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Thos Myers

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ~~Sept~~ *Years,* *Months,* Eight *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 13 Johns alley

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 13 Johns alley

Cause of Death, { First (Primary) Trismus Nascentium

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 24th 1874

Undertaker, John C Jordan

Place of Business, No 63 Parkst Address 143 N Eutaw

W. D. Booker M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1814.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Unknown

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Do

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* Infant, *Months,* at full term *Days.*

Color, Mulatto *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} unknown, found in house No 1. Chapel Court N. Washington St. put people + Hannah Ste

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Do

Cause of Death, First (Primary,) The navel string was not tied & the child died from

Second (Immediate.) loss of blood from placental blood vessels.

Duration of Last Sickness, Unknown Verdict of Jury, came to its death at the hands of person or persons unknown.

All the above information should be furnished by the Physician.

Place of Burial, Eastern Potter's Field

Date of Burial, Mar. 24th. 1875

Undertaker, H M Donovan

Place of Business, 5 Bank St.

Thos. Selby *M. D.*

Medical Attendant.

Address Town Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

No. 1815 1815

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 24 1875 BALTIMORE

Date of Death, March 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Savilla E Carter

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Years, 20 Months, 1 Days.

Color, Colored Sex, Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} # 313 Howard St Balto.

Cause of Death, First (Primary,) Catarrh of Uterus

Second (Immediate,) Congestion of the Lungs

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 24 1875

M. D.
Medical Attendant.

{Undertaker, H S Whose & Co Address 104 So Sharp St

Place of Business, 192 Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 24 1875 BALTIMORE.

Permit No. 1816

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah E. Bannister

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 14 *Days.*

Color, Black *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 124 Iceland Street

Cause of Death, {First (Primary,) / Second (Immediate,) Intussusception of Intestines

Duration of Last Sickness, unknown

All the above information should be furnished by the Physician.

Place of Burial, H. Potters Field James A Steuart, M. D.

Date of Burial, March 24th 1875 ~~Medical Attendant~~ Can't be Reported

{*Undertaker,* M. H. C. Perry *Address*

{*Place of Business,* 448 W. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information from Capt Delany 1st Station

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1817.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Mar 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augemina Forrester

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 68 *Years.* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Somerset Co Maryland

Duration of Residence in the City of Baltimore, Sixty years

Place of Death, {Give street and number.} # 230 Baltimore st

Cause of Death, First (Primary,) Softening of brain

Second (Immediate,) Paralysis

Duration of Last Sickness, 19 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 25 1875

Undertaker, Chas F. Herold

Place of Business, 161 Hanover st.

Address 161 Hanover St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1818.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death, when practicable, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Mary Rodgers

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 86 *Years,* —— *Months,* —— *Days.*

Color, white *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} 164 S. Central Avenue

Cause of Death, First (Primary,) Old age

Second (Immediate.) General Debility

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemet James H. Steuart M. D.

~~Medical Attendant~~

Date of Burial, March 25th 1875 Comm'r. & Registrar

Undertaker, Jas P. Byrne *Address*

Place of Business, Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Son - John Rogers

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1819.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 23d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dora ~~Henty~~ Wenz

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* / *Months,* *Days.*

Color, *Sex,* Fem.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, 3 yr. / mo.

Place of Death, {Give street and number.} N. E. cor. Hanover & Cross.

Cause of Death, {First (Primary,) Diphtheria 6 days.
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Bem. H. J. H. Tall, M. D.
Medical Attendant.

Date of Burial, March 25th 1875

Undertaker, Julius Foehler *Address* 158 S. Sharp St.

Place of Business, Cor Sharp & Cross sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1820

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Randolph Ritchie

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, two Months, seventeen Days.

Color, white Sex, male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} N. 155 E. Monument St

Cause of Death, First (Primary,) Capillary Bronchitis

Second (Immediate,) Asthenia

Duration of Last Sickness, six days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 25th 1875

Undertaker, Geo Schilling Address N. 155 E. Monument St.

Place of Business, 212 E Monument St

C. T. Pantzman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 24 1875 BALTIMORE

Permit No. 1821

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Munroe

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 15 *Years,* 10 *Months,* 17 *Days.*

Color, white *Sex,* female

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Birmingham Mass.

Duration of Residence in the City of Baltimore, about 50 years

Place of Death, {Give street and number.} No. 254 Aisquith St.

Cause of Death, {First (Primary,) Chronic Meningitis spinalis

{Second (Immediate.) Paralysis of the medulla oblongata

Duration of Last Sickness, about 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Chas. J. Nuttor M. D.

Medical Attendant.

Date of Burial, March 25th 1875

Undertaker, A. Weidemeyer *Address* 197 Aisquith St.

Place of Business, 578½ W. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 24 1875 BALTIMORE

Permit No. 1822

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 23

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Winford Roach

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 50 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kings County Island

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} No 90 South Spring St

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,)

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 25 1875

{ *Undertaker,* Charles P Herold
Place of Business, 161 Hanover St.

L J Chaket M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1826

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 24th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Hasson

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 2 *Years,* *Months,* *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 487. W. Pratt

Cause of Death, { First (Primary,) Burned from clothes taking fire

Second (Immediate,)

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, March 25

Undertaker, S B Cook

Place of Business, 707 W Lg. Baltimore St

Edwd F. Michael M. D.
Medical Attendant.

Address 279. W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1824

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Binnie

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.} ....

Age, 70 *Years,* 8 *Months,* *Days.*

Color, Whit *Sex,*

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 20 yrs —

Place of Death, {Give street and number.} No. 9 S. Bond

Cause of Death, {First (Primary,) Paralysis
{Second (Immediate,)

Duration of Last Sickness, 48 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 26th

{*Undertaker,* Hughes & Co
{*Place of Business,* 65 S. Broadway *Address* 117 S. Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1825.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotta Sanfort

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, one Years, year Months, Days.

Color, light Mola Sex, Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, one yea

Place of Death, {Give street and number.} 34 More St

Cause of Death, {First (Primary,) Marasmus. Second (Immediate,) Pneumonia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetay

Date of Burial, March 25th/75

Undertaker, John C Jordon

Place of Business, 632 12th St Address Cor Dolphin & Rob

B F. Bohrer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1826

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 23rd 187

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H Clayton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 0 *Years,* 8 *Months,* *Days.*

Color, Dark brown *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} none

Occupation, No 7 Calhoun st

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 8 months

Duration of Residence in the City of Baltimore, No 7 Calhoun st

Place of Death, {Give street and number.} Catarrh

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,) Four weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lowel Cemetary

Date of Burial, March 25th

{*Undertaker,* John C Gordon

{*Place of Business,* No 63 Park st

B F Bohrer M. D.

Medical Attendant.

Address Cor Dolphin & Druid Hill ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1827

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 23 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Heinrich Mayer.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 7 *Months,* 3 *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 16 N. Wolf

Cause of Death, {First (Primary,) Capillary Bronchitis
Second (Immediate,) (Pharyngitis)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetary Abram M Arnold *M. D.*
Medical Attendant.

Date of Burial, March 25th 1875

{*Undertaker,* Casper Eckhart
{*Place of Business,* 269 Canton Av *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18281

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 23d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Brown.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days.*

Color, *Sex,* Fem.

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York.

Duration of Residence in the City of Baltimore, 8 years.

Place of Death, {Give street and number.} 147 Ridgely St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis Acute.
Second (Immediate,)

Duration of Last Sickness, Eight weeks.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 25 1875

{*Undertaker,* Charles F. Herold *Address* 158 S. Sharp St.
Place of Business, 161 Hanover St.

R. J. H. Tall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1829.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 24 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edna Cole

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Months, 1 Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} W. 67 Exeter St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} W 67 Exeter St

Cause of Death, First (Primary,) Premature birth

Second (Immediate.) Asphyxia,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Lud. Hemsley M. D.

Medical Attendant.

Date of Burial, March 25th 1875

Undertaker, Wm H. Hickman. *Address* 1332 York

Place of Business, 284 N. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1830

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Sarah Teeche

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Teacher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore of Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Aged Women's Home (Lexington St)

Cause of Death, First (Primary,) Hepatitis

Second (Immediate,) (Sudden Prostration Extreme) Three days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem Henry R. Noel M. D.

Medical Attendant.

Date of Burial, 25th March 1875

Undertaker, Hy W Jenkins & Son *Address* No 102 Carey St

Place of Business. 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1831.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Fractious

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 2 *Days.*

Color, Black *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 1 Cecil Street

Cause of Death, {First (Primary,) Strangulated Hernia

Second (Immediate,) Overlaid

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery *Jamestown* M. D.

Date of Burial, March 25th 1875 Medical Attendant

Undertaker, Sam'l. H. Chase *Comf H. Rynn*

Place of Business, S. Howard St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Information from Mother & Midwife

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1832,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louise Kamer.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 79 — *Years,* — *Months,* — *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany in Hessia 29 years —

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. W. cor Low & Forrest. Sts

Cause of Death, { First (Primary,) old age

Second (Immediate.)

Duration of Last Sickness, long time.

All the above Information should be furnished by the Physician.

Place of Burial, Baltm Cemetery C. C. Dohme — M. D.

Medical Attendant.

Date of Burial, March 26th/75

{ *Undertaker,* Geo. Schilling *Address* S. E. Fayette St

{ *Place of Business,* 212 E Monument st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ing forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person used, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1833,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Tuesday March 23rd 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Wellington Dennis the same boy

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 2 *Years,* ——— *Months,* 3 *Days.*

Color, Blk *Sex,* male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 37 Oxford Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 37 Oxford St.

Cause of Death, First (Primary,) Tuberculaw Meningitis } the same thing

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Ludwell Eastman M. D.

Date of Burial, March 25th 1875 Medical Attendant.

Undertaker, Wm James Gray

Place of Business, 15 Mulberry St *Address* 319 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1834

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Hartan.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Seventeen *Years,* three *Months,* twenty two *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore. Md.

Duration of Residence in the City of Baltimore, all her life.

Place of Death, {Give street and number.} 109 Mc Cedery Street.

Cause of Death, {First (Primary.) Insanity & anaemia

{Second (Immediate.) Pneumonia of the lungs.

Duration of Last Sickness, About one week.

All the above information should be furnished by the Physician.

Place of Burial, Greenly Cemetery

Date of Burial, March 26

Undertaker, Ch Rassing

Place of Business, 136 E Fayette

W. D. Dunn - *M. D.*
Medical Attendant.

Address 86. E. Fayette. Str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1835

HEALTH DEPARTMENT MAR 25 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22 "

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Brook.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number.} 142 Forest

Cause of Death, { First (Primary,) ~~Typhoid~~ Pneumonia
Second (Immediate.) Pneumonia

I prescribed for the deceased 2 weeks ago when last sick & suspected the cause of Pneumonia

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 28th "

G. Herdon Jr. M. D.
Medical Attendant.

{ *Undertaker,* John B. Williams *Address* 146 Hanover St
{ *Place of Business,* 107 Lee st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1836

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. L. Trizzell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 46 *Years,* ~~=~~ *Months,* ~~=~~ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Blacksmith & Farmer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} do not know.

Duration of Residence in the City of Baltimore, resided in Carroll County. Baltimore City, in Monument Street

Place of Death, {Give street and number.} Intemperance.

Cause of Death, {First (Primary,) Apoplexy; Second (Immediate,) Sudden death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Carroll County Geo. Ogle M. D.

Date of Burial, March 25th Coroner

Undertaker, J. B. Blackistone & Son Medical Attendant.

Place of Business, 606 N. Eutaw Baltimore *Address* 229 Cary St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(57)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1837.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William H. Allen

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 5 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } N. W. Cor. George & Fremont St.

Cause of Death, { First (Primary,) Cerebral Congestion
Second (Immediate.) 16 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem J. W. C. Cuddy M. D.

Date of Burial, 26 March Medical Attendant.

{ *Undertaker,* J. B. Blakiston & Son 1363 Fran[illegible]
Place of Business, 6006 W. Balt. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1838.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 24 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Schmeyer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 2 *Months,* 12 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 50 E. Pratt.

Cause of Death, {First (Primary,) Capillary Bronchitis

{Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery Abram B Arnold M. D.
Medical Attendant.

Date of Burial, Mar 26th/75.

Undertaker, Wm Hackmann Address 81 High St

Place of Business, 26 Bank St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1839.

The Physician who attended any person in a last illness is responsible for the presentation of the Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT MAR 25 1875 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Steidle

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 7 2 *Years,* 1 *Months,* 17 *Days.*

Color, White

Sex, Female

Married, ~~Single, Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~Germany~~ Heidelberg Baden

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} No 4 Callendaly Alley

Cause of Death, { First (Primary,) Meningitis
Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, March 26th 1875.

Undertaker, Jacob Yarnworth.

Place of Business, Lyon in N. Hen Park.

H. L. Loeum M. D.
Medical Attendant.

Address 379 N. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 1840

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 25 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Schiffer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 5 *Days.*

Color, white *Sex,* male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 58 Druid Hill Avenue

Cause of Death, {First (Primary,) / Second (Immediate,)} Spasms

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St. alphonsus Cem Ernest A Menard M. D.

Date of Burial, March 26th 75

{*Undertaker,* ~~A McCauley Bro~~ Comm'r of Health

{*Place of Business,* 131 Saratoga St *Address* Superior

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Annie Messenkel — Midwife and also from Father

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1841

HEALTH DEPARTMENT MAR 25 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death, March 24th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Worfield

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 35 *Years,* 7 *Months,* 10 *Days.*

Color, Yellow *Sex,* Male

Married, ~~Single, Widow, or Widower~~, { Cross out the words not required in this line. }

Occupation, Hostler

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Harford Co Md

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, { Give street and number. } 124 Cedar Alley

Cause of Death, { First (Primary,) } De Cerebro Spinalis

{ Second (Immediate,) }

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Church

Date of Burial, March 26 1875

Undertaker, H H Chase

Place of Business, 192 Howard St

Wm H Smith M. D.
Medical Attendant.

Address N E Cor Lexington & Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 25 1875 BALTIMORE

Permit No. 1842

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 23th day of March

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David E Ferry

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, twenty eight *Years,* eight *Months,* one *Days.*

Color, white *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Mashport Ohio

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give street and number.} 170 Hanover Street Baltimore

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Lung - abscess.

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 26th 1875

Undertaker, Charles St. Herald

Place of Business, 161 Hanover St.

Henry Salzer M. D.
Medical Attendant.

Address 165 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 25 1875 BALTIMORE

Permit No. 1843.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *separately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Ashton Layton

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months,* 4 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia 3 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 112 West Street

Cause of Death, First (Primary,) Whooping Cough & Pneumonia

Second (Immediate.) 4 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Fredericksburg Va.

Date of Burial, 28th March 75

Undertaker, F. N. Frolle

Place of Business, 908 S. Howard

H. B. Noble M. D.
Medical Attendant.

Address 17 Warren St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

(58)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18414

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Barbara Aldridge

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Forty two Years, ——— Months, ——— Days.

Color, White *Sex,* Female

~~Married, Single,~~ Widow ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 19 years

Place of Death, {Give street and number.} # 954 W. Pratt St

Cause of Death, {First (Primary,) Inflammation of Liver & Congestion of Brain

{Second (Immediate,) about one week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

James T. Smith M.D.
Medical Attendant.

Place of Burial, Western Cemetery

Date of Burial, 26th March 1875

Undertaker, John P. Paulus

Place of Business, 66 Frederick Ave. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1845,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Orf

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ___ *Years,* 9 *Months,* ___ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 9 Lemmon St near Payson St.

Cause of Death, {First (Primary,) ___ Second (Immediate,) Convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 27 March 1875

{*Undertaker,* John P. Paulus *Address* 91 Frederick Ave

Place of Business, 66 Frederick Ave Baltimore City

Geo. H. Dare M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18461

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Ida Freeman

Sex, Male or Female, { Cross out the word not required in this line. } —

Age, 6 *Years,* 6 *Months,* 16 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore 6 Yr 16 days

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 430 McElderry

Cause of Death, { First (Primary,) Capillary Bronchitis
Second (Immediate,) About 2 months

Duration of Last Sickness, —

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 26th 1875

{ *Undertaker,* William A. Dunger
{ *Place of Business,* 104 East 21

E. Jones Williams M. D.
Medical Attendant.

Address 430 East 20

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18471

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 3 Mo 25 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John M. Forest

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 67 years. Months, Days.

Color, White Sex, Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower.

Occupation, Vender of Medicine

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 7 years.

Place of Death, {Give street and number.} 19 Holliday St.

Cause of Death, {First (Primary,) Bronchitis Chronic

Second (Immediate,)

Duration of Last Sickness, about 6 years.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 26th

Undertaker, Jno H. Weaver

Place of Business, Hayette St Address 47 Lexington St

W. Riley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1818,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Thursday 25, March

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Virginia Allen

Sex, Male or Female, {Cross out the word not required in this line.} ...

Age, Six (6) *Years,* Eight (8) *Months,* - *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, Dies birth.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 1 Ringold Street.

Cause of Death, First (Primary,) Scarlet fever dropsy

Second (Immediate.) Convulsions

Duration of Last Sickness, Six Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 27 1875

Undertaker, John S Mather *Address* No 15 ½ N. Howard St

Place of Business, 130 Camden St

Frank Ellwood, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1849

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 24th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hugh Reed

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* *Days.* *Sex,* Male

Color, Colored

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Laborer Talbert & Co Balt.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Grant

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} Corner Pennsylvania

Cause of Death, {First (Primary,) Second (Immediate.)} One week

Duration of Last Sickness, E. E. Jordan M. D.

All the above information should be furnished by the Physician. Medical Attendant.

Place of Burial, Laurel Cemetery

Date of Burial, March 26th 1875

Undertaker, William M. Dunge

Place of Business, Ino 104 East St

Address 225 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1850

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 24 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas Edward Simin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 19 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 330 William St

Cause of Death, {First (Primary,) Whooping Cough

Second (Immediate,) Convulsions

Duration of Last Sickness, one Month

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetry

Date of Burial, March 28th 1875

Undertaker, Armstrong & Leary

Place of Business, 263 Light St *Address* 17 Warren St

E. B. Noble M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 183[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 25th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Buntle

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* — *Months,* 8 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 Months

Place of Death, {Give street and number.} 285 S. Eutaw St. This girl She was taken with the

Cause of Death, {First (Primary,) Typhoid Fever. Confined 2 days

{Second (Immediate.) 11 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. Record Book 16 M. D.

Medical Attendant.

Date of Burial, 26th of March

{*Undertaker,* P. Stewart Address 146 Hanover St

{*Place of Business,* 35 S. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1852,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

HEALTH DEPARTMENT MAR 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1875. 12. P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Ward

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, about 38 Years, Months, Days.

Color, white

Sex, Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} born in Ireland lived in the United States about 7 years

Duration of Residence in the City of Baltimore, seven years

Place of Death, {Give street and number.} No 53. Hanbert st.

Cause of Death, {First (Primary,) Pleuro Pneumonia

{Second (Immediate.)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathe Cem Pierre G. Deaver M. D.

Medical Attendant.

Date of Burial, Mar 26th 1875

{*Undertaker,* Jas F Byrne Address 97 N. Broadway

{*Place of Business,* 63 & Front st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT. MAR 26 1875 BALTIMORE MD.

Permit No. 1853.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 25. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carl. Kuper

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 19 *Years,* *Months,* *Days.*

Color, White *Sex,* Single

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 143 S. Exeter St.

Place of Death, {Give street and number.} 143 S. Exeter St

Cause of Death, { First (Primary,) Febris Hectica } Consumption
{ Second (Immediate.)

Duration of Last Sickness, for Years Sick

All the above information should be furnished by the Physician.

Place of Burial, ~~St. Lukes~~ St Michaels Cemetery ~~Burial Ground~~

Date of Burial, March 27th

Undertaker, J. Ter Horst *Address*

Place of Business, 91 S. Eutaw St

John M. S. Scott M. D.
Medical Attendant.
N. 88 E. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT. MAR 25 1875 BALTIMORE

Permit No. 1857.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Wilke.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, one *Years,* five *Months,* nine *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Baby

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Born here

Place of Death, {Give street and number.} 178 Hamburg St.

Cause of Death, {First (Primary,) Convulsions.
Second (Immediate,) 8 or 9 hours.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem R. J. N. Yarrow M. D.
Medical Attendant.

Date of Burial, March 28th 1875

{*Undertaker,* Louis Kuehler *Address* 158 S. Sharp St.
{*Place of Business,* Cor Sharp & Cross sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT. 25 1875 BALTIMORE

Permit No. 1855

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha Reese

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 258 N. Gay Street

Cause of Death, {First (Primary,) Spasms

Second (Immediate,) about 3 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Stephens R.C. Thomas Dempsey M. D.

Date of Burial, March 27th 1875 Medical Attendant.

{*Undertaker,* Geo Corbett *Address* 70 Centre St

{*Place of Business,* Geo Corbett

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 25 1875 BALTIMORE

Permit No. 1856

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, The 23 of March at 9.30 p M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Conrad Hoock

Sex, Male or Female, { Cross out the word not required in this line. } Male.

Age, Sixty Sev. *Years,* 9 Mons *Months,* 23 Dec *Days.*

Color, White. *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widower.

Occupation, Laborer.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany.

Duration of Residence in the City of Baltimore, One week.

Place of Death, { Give street and number. } No 3. Jackson Street

Cause of Death, { First (Primary,) Pneumonia / Second (Immediate.)

Duration of Last Sickness, One Year and Six Month

All the above information should be furnished by the Physician.

Place of Burial, Reisterstown — John J. Tilson. M. D.
Medical Attendant.

Date of Burial, March 27.

{ *Undertaker,* Jacob Hoover *Address*
{ *Place of Business,* 429 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 26 1875 BALTIMORE

Permit No. 1857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gabriel Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Spain

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} St. Matthews Guild House

Cause of Death, {First (Primary,) Rheumatism / Second (Immediate.) ———

Duration of Last Sickness, half hour

All the above information should be furnished by the Physician.

Place of Burial, Ost Cemmt Cemtery — Francis A Stewart M. D.

Date of Burial, March 27th 1875 — ~~Medical Attendant~~ Com of Hb. & Registrar

{*Undertaker,* M. A. Daiger — *Address*

{*Place of Business,* S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information from the Minister in Charge of Guild House

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1858.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Mch 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph C Swann

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* ____ *Months,* 2 *Days.*

Color, White *Sex,* male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} B city

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 29 Wyeth St

Cause of Death, {First (Primary,) Pulmonary Catarrh

{Second (Immediate,)

Duration of Last Sickness, 11 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, March 27th

{*Undertaker,* J. B. Beckinstein & Son

{*Place of Business,* 606 W. Balt. St *Address*

Jas H Cheney M. D.
Medical Attendant.

766 Pacific

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1859

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Caldwell.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 83 *Years.* *Months,* *Days.*

Color, White *Sex,* Female.

Married, ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State of country (and how long in the United States, if of foreign birth.} Cecil Co. Md.

Duration of Residence in the City of Baltimore, about 70 years.

Place of Death, {Give street and number.} 31 Druid Hill Avenue Baltimore

Cause of Death, First (Primary,) old age.

Second (Immediate,) Paralysis.

Duration of Last Sickness, about 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery. Dr. Dickey. *M. D.*

Medical Attendant.

Date of Burial, March 28th 1875

Undertaker, Jacob Weaver. *Address* 26 Gaulin Avenue

Place of Business, No 406 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1860

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 26th March 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Mackill

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 52 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} 433. N. Lombard

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, March 28

Undertaker, J B Cook

Place of Business, 707 W^d^s Baltimore St

Edwd F. Michaleau M. D.
Medical Attendant.

Address 279 N. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1861

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 25. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Maag

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 31 *Years.* *Months.* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore. Twenty years

Place of Death, {Give street and number.} 34, Barre Street; died 23, Waesche Street

Cause of Death, {First (Primary,) Pulmonary tubercular Phtysis

{Second (Immediate,)

Duration of Last Sickness, Two years.

All the above information should be furnished by the Physician.

Place of Burial, St Auhoman Morris Wiener M. D.

Medical Attendant.

Date of Burial, March 27 1575

Undertaker, C F Krause *Address* 249, W. Fayette Street

Place of Business, 209 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1862

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna E. Burras

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, Two *Years,* four *Months,* ——— *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City. Md.

Duration of Residence in the City of Baltimore, Two Years & four Months

Place of Death, {Give street and number.} No 251 Canton Avenue

Cause of Death, {First (Primary,) — Pseudo Membranous Croup.

{Second (Immediate.)

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetry

Date of Burial, March 28th 1875.

{*Undertaker,* Matthias A Daye

{*Place of Business,* No 74 S. Broadway

Thomas J. Evans. M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1863

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant but named, give names of parents.} Samuel Auld

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Seventy four *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Ship Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbott County. M. d

Duration of Residence in the City of Baltimore, Fifty three years

Place of Death, {Give street and number.} No 241 East Pratt St

Cause of Death, {First (Primary,) Hypertrophy of Heart and Kidneys (generation)
Second (Immediate,) Dropsy

Duration of Last Sickness, — Two years —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, March 28th 1875

{*Undertaker,* Wakes & Sayre
{*Place of Business,* No 74 S. Broadway

Thomas B. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1864

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andreas Klarman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, Nine Months, Days.

Color, White Sex, Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 460 Augusta

Cause of Death, First (Primary,) Catarrh

Second (Immediate.) Croup

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

Milton A. Taylor M. D.
Medical Attendant.

Address 1100 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1865

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Pierce

Sex, [redacted] *or Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

[redacted], *Single,* [redacted], {Cross out the words not required in this line.}

Occupation, House wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 70 years

Place of Death, {Give street and number.} 165 Lombard st

Cause of Death, {First (Primary,)} Burned badly.

{Second (Immediate,)} Nervous shock & exhaustion.

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount C. Wysong M. D.

Medical Attendant.

Date of Burial, March 28/75

Undertaker, [redacted] Address 373 Park ave

Place of Business, No. 31 Park ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1866

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Capitalist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co. Md

Duration of Residence in the City of Baltimore, 3 years.

Place of Death, {Give street and number.} "Mansion House" Fayette St.

Cause of Death, {First (Primary,) Senile Bronchitis
Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 29 1875

Undertaker, Thos J Hughes

Place of Business, 111 E Balto

J. N. Chimp M. D.
Medical Attendant.

Address 166 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 1867.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Friday 12 o'clock PM March 26th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Philip Cattenbarger Jr

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 26 *Years,* 4 *Months,* 14 *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Married. leaves a wife & one Child

Occupation, Tinner's Helper

Birthplace, { State or country (and how long in the United States, if of foreign birth. } White Hall, Falls Road, Baltimore Co

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 102 Hudson St, Canton

Cause of Death, { First (Primary,) Coma — the same
Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cimitery

Date of Burial, March 27th 1875

Undertaker, A. M. Gebauer

Place of Business, 341 Canton Av.

John Chilcoat M. D.
Medical Attendant.

Address Clinton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1868

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 25 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Forman

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* 16 *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 183 York st

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,)

Duration of Last Sickness, About 3 or 4 Weeks —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 27 1875

Undertaker, S. H. Stone

Place of Business, No 191 Bond st *Address*

J. Harvey Hill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 1869

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 23rd March 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cordelia James

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Months,* 12 *Days.*
Years,

Color, Black *Sex,*

~~*Married*~~, *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 241 Orleans St

Cause of Death, {First (Primary,) Congestion of Brain
Second (Immediate.) Convulsions

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Secret cemetary Wm L Purnell M. D.
Medical Attendant.

Date of Burial, March 27 1875

Undertaker, William N Bouzo *Address* Broadway

Place of Business, No 104 East Bst Fmadison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1870

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

ALDERMEN'S DEPARTMENT MAR 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 26. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Fassell

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, about 56 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore of Virginia

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} # 118 Stirling st. " Phthisis Pulmonalis "

Cause of Death, {First (Primary,) / Second (Immediate,)} Dysent

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, March 28 1875 Clock a.m.

Undertaker, Geo. L. Rodemeyer *Address* # 306 N. Caroline st.

Place of Business, 38 Canton Av

G. A. C. Hartman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1871.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 27 — 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretha Conrad

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 Years, 2 Months, 1 Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number.} 118 Saratoga St

Cause of Death, First (Primary,) Old Age

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, Monday, 29 March

Undertaker, Conrad Kunkel

Place of Business, 66 Hanover St

Leo L. Rice M. D.

Medical Attendant.

Address 119 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1872

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 26 /75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} A. M. C. Stubing

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 1 *Months,* 20 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} cor. Lombard & South Avenue.

Cause of Death, {First (Primary,) Pneumonia
Second (Immediate.) Convulsions

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 28 1875

{*Undertaker,* Chas. Koenig
{*Place of Business,* 136 E Fayette *Address*

Abram D. Fuller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1873.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James D Harden

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* 6 *Days.* *Sex,* Male

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 54 Johnson St.

Cause of Death, {First (Primary,) Scarlitina

Second (Immediate,)

Duration of Last Sickness, 15 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 28th 1875

Undertaker, Charles E Herold

Place of Business, 161 Eastern Ave.

R. J. H. Tall M. D.
Medical Attendant.

Address 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1874

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 26th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Christine F. Will

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 71 *Years,* 6 *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Würtenberg Germany

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number.} Eyeline d Nr 70

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 11 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, March the 28th 1875.

Undertaker, Philip F. Dill

Place of Business, No 183 Columbia St. *Address* 106 Columbia St.

C. L. Buddenbohn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1875.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} James K. Hoffman.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* 8 *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 467 N. Fremont Street.

Cause of Death, {First (Primary,) Pulmonary Consumption.
Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, March 29-2 P.M.

Undertaker, Chas. A. Ponder *Address* 245 N. Fremont St.

Place of Business, 920. 520. W. Balt.

E. M. Ford, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE

Permit No. 1876

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *immediately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen J. Heaphy

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.} Female

Age, — *Years,* 7 *Months,* 8 *Days.*

Color, White *Sex,* Female child

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt: Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 110 N. Exeter

Cause of Death, { First (Primary,) Inanition
Second (Immediate,) Phenomenon this (acute

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, March. 28. 1875

{ *Undertaker,* Jos. Bryce
{ *Place of Business,* Franklin

Thos. S. Latimer M. D.
Medical Attendant.

Address 248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1877

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lydia Williams

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 63 *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,* Female

Married, ~~Single, Widow, Widower~~, {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 33 Eden Street (South)

Cause of Death, {First (Primary,) Rheumatism

Second (immediate,) "

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, E. Potter's Field *Jonas A Lewis* M. D.

~~Medical Attendant~~

Date of Burial, March 28th 1875 Coroner No. 4 Report

Undertaker, W. Donovan *Address*

Place of Business, 4 Bank St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information from her Husband Chas. Williams

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1878,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John W Easter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 77 *Years,* 2 *Months,* 26 *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 94 Columbia Ave

Cause of Death, First (Primary,) Paralysis of 5th nerve right side, Inflammatory Lesion of Brain

Second (Immediate.) Exhaustion & Coma

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, March 29th 1875

Undertaker, John Meaden

Place of Business, No 150 Camden St

Jas Hervey M. D.
Medical Attendant.

Address 76 Lucas Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
1875
BALTIMORE.

Permit No. 1879.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Jane Brown

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 12 *Days.*

Color, Black *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 9 Iron alley near Broadway

Cause of Death, {First (Primary,) Whooping Cough
Second (Immediate,) Consumption

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James A Steuart M. D.
Medical Attendant.

Date of Burial, March 29th 1875

{*Undertaker,* John H Locke *Address* Cor of 16th & Regester
Place of Business, Wolf St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
MAR 27 1875
BALTIMORE.

Permit No. 1880.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Jackson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,* male

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} 141 North Street

Cause of Death, { First (Primary,) Cold
Second (Immediate,) Consumption

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James A. Steuart M. D.

Date of Burial, March 29th 1875 ~~Notice Received~~

{ *Undertaker,* W. N. Dunger Commis of Health
{ *Place of Business,* 12 East St *Address* Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information from his wife — Mary A. Jackson

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT. 27 1875 BALTIMORE

Permit No. 1881.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Baltimore March 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Almiah A Turner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Fifteen Months, Days.

Color, Colored *Sex,* Infant

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Nothing

Occupation, Baltimore Maryland

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Fifteen Months

Duration of Residence in the City of Baltimore, West St. No 222

Place of Death, {Give street and number.} Labor Insufficien

Cause of Death, First (Primary,) Serious apoplexy

Second (Immediate,) Five days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 28 1875

Undertaker, W H Chase

Place of Business, No 195 N Howard

S. D. Dyer M. D.

Medical Attendant.

Address Hill St No 146 Baltimore MD

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT 27 1875

Permit No. 1882.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 26th 10 P.M. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Catharine Stockdale

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 84 *Years,* 2 *Months,* 4 *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania 80 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 905 Mulberry St

Cause of Death, {First (Primary,) Apoplexy

Second (Immediate,) Six days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 29 1875

{*Undertaker,* Charles F. Hewes

Place of Business, 161 Hanover St. *Address* 210 Franklin St

Wm P. Pennington M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE

Permit No. 1883,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugene Bra

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, One *Years,* One *Months.* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Sidney St

Cause of Death, { First (Primary,) Second (Immediate,) Cornup

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, West Cemetery

Date of Burial, March 29th

{ *Undertaker,* Wm Berry
{ *Place of Business,* 24 Broadway

Carl G. Conrad M. D.
Medical Attendant.

Address 102 Pleasant St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 29 1875 BALTIMORE

Permit No. 1884

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 25. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine - a foundling

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, about 2 Months, Days.

Color, White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.} ~~S.~~

~~*Occupation*~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

~~*Duration of Residence in the City of Baltimore,*~~

Place of Death, {Give street and number.} St. Vincents Infant Asylum

Cause of Death, { First (Primary,) atrophy
Second (Immediate,) convulsions

~~*Duration of Last Sickness,*~~

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery Marburg Brown M. D.
Medical Attendant.

Date of Burial, March 29 1875

{ *Undertaker,* Sisters
Place of Business, Institute

Address 201 W. Biddle Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 29 1875 BALTIMORE.

Permit No. 1885

The Physician who attended any person in a last illness is responsible for the presentation of a Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Marten Clausen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} ..... *Months,* ..... *Days.*

Age, 2 *Years,* *Sex,* Male

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Norway

Duration of Residence in the City of Baltimore, Three (3) days - Hospital

Place of Death, {Give street and number.} ~~Washington~~ University

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis Pulmonalis

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Old Methodist B. Ground Geo R Reynolds M. D.

Date of Burial, March 28th 1875 Medical Attendant.

Undertaker, Jno H. Weaver & Co. *Address* Washington University Hospital

Place of Business, 22 W. Fayette St Cor of Calvert & Saratoga,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 29 1875 BALTIMORE

Permit No. 1886,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *separately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 27th March, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Emma V. Mayes.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 20 Years, 6 Months, — Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 245 Franklin St.

Duration of Residence in the City of Baltimore, 20 Yrs 6 Mos

Place of Death, {Give street and number.} 245 Franklin St.

Cause of Death, {First (Primary,) Labor

Second (Immediate,) Fit

Duration of Last Sickness, 21 Days

All the above information should be furnished by the Physician.

A. M. Littell M. D.
Medical Attendant.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, March 29th 1875

{*Undertaker,* Chas. A. Pounder

Place of Business, No. 520 W. Balto

Address 231 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 29 1875 BALTIMORE.

Permit No. 1887

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 0 *Months,* 17 *Days.*

Color, Mulatto *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Waiter Shucker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, From Birth

Place of Death, {Give street and number.} 118 N. Denham's Court

Cause of Death, First (Primary,) Spasms

Second (Immediate,) (Spasms) Cerebral hyperæmia from Inflammation of the Brain

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Dallas M. E. Cemetery

Date of Burial, March 28th 1875

Undertaker, John W. Locke

Place of Business, 65 S. Wolfe

G. L. Wilkins M. D.
Medical Attendant.

Address 601 E. Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE

Permit No. 1888,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Norris

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 7 *Months,* ——— *Days.*

Color, Black *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 41 Williamsons alley

Cause of Death, First (Primary,) Cold

Second (Immediate,) consumption

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James H. Stewart M. D.

Medical Attendant.

Date of Burial, March 29th 75 Compton & Raynor

Undertaker, S. W. Chase

Place of Business, S. Howard St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by mother Lizzie Elley Savage mother

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 29 1875 BALTIMORE

Permit No. 1889

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 27th March 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Michael ~~Dietz~~ Ritter

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* 19 *Days.*

Color, White *Sex,*

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 57 n Castle

Cause of Death, {First (Primary,) Scarlatina / Second (Immediate.) Paralysis cordis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, H. Algernon Cemetery

Date of Burial, March 29th

Undertaker, Michael Funtz *Address* 245 S. Baltimore

Place of Business, No 35 Canby

J Fethiere M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 25 1875 BALTIMORE

Permit No. 1890

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Frost.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* 8 *Months,* 2 *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 7½ years

Place of Death, {Give street and number.} 248 Canal St N.

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlatina

Duration of Last Sickness, 11 Days.

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius R.C. Baltimore M. D.

Medical Attendant.

Date of Burial, March 29 1875

Undertaker, Henry Flock *Address*

Place of Business, 389 Central Ave 57 Aisquith.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1891

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Mar: 22 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Etha Allston [redacted]

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, [redacted] *Years,* 5 *Months,* 10 *Days.*

Color, Mulatto *Sex,* Infant

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Staunton Va

Duration of Residence in the City of Baltimore, 3 Months

Place of Death, {Give street and number.} 52 Oxford St

Cause of Death, {First (Primary,) Catarrh — Bronchial
Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Alf. W. Powell M. D.
Medical Attendant.

Date of Burial, March 28/1875

Undertaker, J. W. Chaudon

Place of Business, No 5 Howard St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 29 1875 BALTIMORE

Permit No. 1892

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27th, 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Felynn

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 16 *Years,* 6 *Months,* *Days.*

Color, white *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, Machinist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} 55 S. Madeira Alley

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, N. Patricks Graveyard Pierre G. Dausc M. D.

Medical Attendant.

Date of Burial, March 29th 1875

Undertaker, H. M. Gilmore Address 27 N. Broadway

Place of Business, 341 Canton Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1893

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 27th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Gibbins

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Seventy two *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single,~~ ~~Widow~~ or ~~Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} No. 162 Raborg Street

Cause of Death, { First (Primary,) Drops
Second (Immediate,) Three Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, 29 at 10 o'clock

{ *Undertaker,* J. B. Blackistone & son
{ *Place of Business,* Balt st 606 west

Chas. W. Neff M. D.
Medical Attendant.

Address 306 N. Fayette Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 29 1875 BALTIMORE

Permit No. 1894

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cynthia Harris

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dont Know

Duration of Residence in the City of Baltimore, " " - in Asylum 8 years

Place of Death, {Give street and number.} Colored Orphan Asylum. Biddle near Mt Wilson Ave

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery R Winslow M. D.

Date of Burial, March 29. 1875 Medical Attendant.

{ *Undertaker,* John E Gordon *Address* 23 McCulloh St
{ *Place of Business,* No 63 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Health Department, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT. MAR 29 1875 BALTIMORE

Permit No. 1895.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Albert Summers

~~Sex~~, Male or ~~Female~~, {Cross out the word not required in this line.}

Years, 10 Months, Days.

Age, White Sex,

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hull St. Locust Point

Duration of Residence in the City of Baltimore, during lifetim

Place of Death, {Give street and number.} Hull St Locust Pt.

Cause of Death, {First (Primary,) Scarlatina Maligna

Second (Immediate.) One week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, B.M. Cimetery

Date of Burial, March 30th 1875

{Undertaker, R.H. Glasgow

Place of Business, 52 Caroline St.

R. W. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 29 1875 BALTIMORE.

Permit No. 1896

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lena Horn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* 10 *Months,* 6 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 20 Hanover St.

Cause of Death, { First (Primary,) Phthisis Pulmonalis
Second (Immediate,)

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel — Horace Bennett *M. D.*
Medical Attendant.

Date of Burial, March 29th

Undertaker, Michael Funk *Address*

Place of Business, No 35 Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 29 BALTIMORE

Permit No. 1897

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28th 1875. 4 o'clock morning

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johann Bergmann

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, Years. 1 Months, ~~Hours~~ 24 Days.

Color, White. *Sex,* male.

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} S. Ann Street Nro. 276.

Cause of Death, { First (Primary,) Eclampsia
Second (Immediate,) "Eclampsia"

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St. alphonsus Cem

Date of Burial, Monday, March 29th 8 am

Undertaker, John Braun

Place of Business, 77 S. Wolf St. *Address*

William Henkel M. D.
S. Wolf & 117. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT. MAR 29 1875 BALTIMORE.

Permit No. 1898.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~(No 122)~~ March 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Adolph G. Miller

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Three *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower*~~, {Cross out the words not required in this line.}

~~*Occupation*~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Three Years

Place of Death, {Give street and number.} No 122 South Wolf st

Cause of Death, {First (Primary,) Cerebro Spinal Meningitis

{Second (Immediate,) ———

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetry

Date of Burial, March 30th 1875

{*Undertaker,* John Brown

{*Place of Business,* 77 Wolf st

Thomas D. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 1899.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John Russell

~~Sex, Male or Female,~~ {Cross out the word not required in this line.} Male

Age, 36 *Years,* 2 *Months,* 21 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 31 Camden W. Baltimore

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,) Chronic Laryngitis about 3 mos

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 29 1875

{*Undertaker,* A. W. Jenkins & Son

{*Place of Business,* 16 Light St. *Address*

C. M. Mitchell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1909

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 29 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28 th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Wright

~~Sex~~, *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* ... *Months,* ... *Days.*

Color, Colored ... *Sex,* Male

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard Co

Duration of Residence in the City of Baltimore, two years

Place of Death, {Give street and number.} 4 Rock St Conant

Cause of Death, {First (Primary,) .. Second (Immediate.)} Acute Bright's Disease"

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Lovel Cemetary

Date of Burial, March 29 1875

{ *Undertaker,* Wilson N Bonzo

Place of Business, No 10 N Eutaw St

Frank Gerner M. D.
Medical Attendant.

Address 57. N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate th, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person d the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT 29 1875

Permit No. 1901

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Wolford

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* 10 *Months,* ..... *Days.*

Color, Black *Sex,* Female

Married, ~~Single~~ *Widow* ~~or Widower~~, {Cross out the words not required in this line.} Widow

Occupation, Saundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, Ten year

Place of Death, {Give street and number.} 40 Chesnut St

Cause of Death, {First (Primary,) Phthisis Pulmonalis / Second (Immediate.) Exhaustion

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, March 29 1875

{*Undertaker,* William N Dorsey / *Place of Business,* No 104

D Webster Bethell M. D.
Medical Attendant.

Address 42 S. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 29 1875 BALTIMORE.

Permit No. 1902

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James. E. Banks

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Hucketer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore

Place of Death, {Give street and number.} 54 Green Mt Ave

Cause of Death, { First (Primary,) Consumption
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, March 29 1875

Undertaker, R. Hall

Place of Business, 146 East Balto St *Address*

Buckler Jones M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPARTMENT
29
1875
BALTIMORE.

Permit No. 1903.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matthias Snyder

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 Y. *Years,* 11 *Months,* 27 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Well Digger

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number.} 18 Bartlett St

Cause of Death, {First (Primary,) Dejeneratio

{Second (Immediate,) Supposed Apoplexy

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary H. A. Colburn M. D.
Medical Attendant.

Date of Burial, March 29

{*Undertaker,* Andrew Knott *Address* 166 S Paca St

{*Place of Business,* Columbia 206.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPARTMENT MAR 1875 BALTIMORE.

Permit No. 1904

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Josepland Catharine Adams

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} ---

Age, ___ *Years,* 5 *Months,* ___ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ___

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} Olive ~~Street~~ Washington St

Cause of Death, First (Primary,) Chronic Croup.

Second (Immediate,) Asphyxia.

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens R.C. *Date of Burial,* 29 March

Undertaker, H. Sigel *Place of Business,* South Bond st. 151

Address Balt & Washington Sts

J. Glancille Lusk M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 1915 BALTIMORE.

Permit No. 1905.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1915

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Patrick Flynn

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.}

Age, 7 3 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Driver Wagon

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} Baltimore 814 N Holliday St

Cause of Death, {First (Primary.) Pneumonia (Typhoid)
Second (Immediate.)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, March 9th 1915

{*Undertaker;* Ames & Sons
Place of Business, 631 E Fayette St

Charles C Brown M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 29 1875 BALTIMORE

Permit No. 1906

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugene Riley Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} ..... *Days.*

Age, Fifteen *Years,* Six *Months,*

Color, Black *Sex,*

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Little Mc Mc Elderry st Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 54 Little Mc Elderry st

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Hemorrhage

Duration of Last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial, Loudon cemetery

Date of Burial, Mar 29) 75

Undertaker, John W. Locke

Place of Business, 56 & Wolfe st

E. C. Baldwin M. D.
Medical Attendant.

Address 124 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 1875 BALTIMORE

Permit No. 1907.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carol Fisher

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} male

Age, Two *Years,* Nine *Months,* ——— *Days.*

Color, white *Sex,* Male

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} Baltimore Orphan Asylum N. Stricker St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Dropsy

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetry *Thomas Opie* M. D.

Medical Attendant.

Date of Burial, 30th March 1875

Undertaker, H. & W. Jenkins & Son *Address* 396 N. Fayette St.

Place of Business, 16 Light St. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 1875 BALTIMORE.

Permit No. 1908

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Augustus Bremont

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 1st Days.

Color, white *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 44 Millington St

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) "

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery *Jonas Adler* M. D.

Date of Burial, March 29th 1875 Medical Attendant.

Undertaker, H. Schutteken Comp 16 Regt

Place of Business, E Monument St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Information from John Bremont Father

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1909.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE. 1875

CERTIFICATE OF DEATH.

Date of Death, March 27. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jos. Schwinck

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* 7 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Reichstein (Germany)

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 117 Harmony Lane

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate.)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St. alphonsus R.C. Leo L. Rice M. D.

Medical Attendant.

Date of Burial, March 31.

Undertaker, Peter Kimmel

Place of Business, 317 Mulberry St Address 119 Saratoga st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1910

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
28
1875
REGISTRAR

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Della A. Scall.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 134 S. Regester

Cause of Death, First (Primary,) Pneumonia.

Second (Immediate,)

Duration of Last Sickness, 20 days

All the above information should be furnished by the Physician.

Place of Burial, E. Balt. Meth. Prot. Burial Ground.

Date of Burial, March 29 1875

Undertaker, J. Boyer

Place of Business, 78 S. Broadway

C. Edward Mitchell M. D.
Medical Attendant.

Address 143 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 1911

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 29 1875 REGISTRAR

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Brown.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, one *Years,* & seven *Months,* ——— *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 1Yr. & 9 months.

Place of Death, {Give street and number.} No. 9 Hagars Court.

Cause of Death, {First (Primary,) Convulsions / Second (Immediate,) Meningitis

Duration of Last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 29th 1875

{*Undertaker,* William A. Dunn
{*Place of Business,* No 104 East St.

D. C. Ireland M. D.
Medical Attendant.

Address 178 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 29 BALTIMORE

Permit No. 1912

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Madison Rheden

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Sail Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, during life time

Place of Death, {Give street and number.} 109 Bank

Cause of Death, {First (Primary,) Hemi-Phlegia of Right side

Second (Immediate,) 5 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 30th

{*Undertaker,* Hughes & Co

Place of Business, 63 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1913.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Henry Leonard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Martinsburg Va

Duration of Residence in the City of Baltimore, all but 4 Months

Place of Death, {Give street and number.} 52 S. Oregon

Cause of Death, First (Primary,) Meningitis

Second (Immediate,)

Duration of Last Sickness, about a Week

All the above information should be furnished by the Physician.

Place of Burial, Martinsburg

Date of Burial, March 31st 1875

Undertaker, Wm. M. Leonard

Place of Business, 52 Bath St.

Dr. R. McSherry *M. D.*
Medical Attendant.

Address 582 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(60)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 28 BALTIMORE

Permit No. 1914

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John Hamil

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* 1 month *Months,* 15 *Days.*

Color, White *Sex,* male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} 206 Wallace St

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,) 2 Years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Leadenhall

Date of Burial, March 30th

Undertaker, Wm. M. Leonard *Address* 584 Hanover St

Place of Business, 732 W. Baltimore St

James G. Lidkiam M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 29 1875 BALTIMORE

Permit No. 1915

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Mance (Mattie)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~ Years, ~~ Months, 3 Days.

Color, Black *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 4 Welch Alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Premature Birth

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field

Date of Burial, March 29th 1875

Undertaker, M. H. C. Perry

Place of Business 448 W. Pratt St

James A. Steuart M. D.
~~Medical Examiner~~
Comm'r of Health &
Registrar

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Ellen Downs - Friend of Mother
4 Welch alley

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1916,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 27th 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Eyyie Collins

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 29 yrs *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Annapolis

Duration of Residence in the City of Baltimore, 16 yrs.

Place of Death, { Give street and number. } No 10 Harris Alley,

Cause of Death, { First (Primary,) Paralysis

Second (Immediate.)

Duration of Last Sickness, About 3 months

All the above information should be furnished by the Physician.

Place of Burial, Saint Peters

Date of Burial, March 29th

{ *Undertaker,* John B. Williams

{ *Place of Business,* 107 Light

A H Saston *M. D.*

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1917.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emmanuel Middlekauf.

~~*Sex*~~, *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, 48 *Years.* *Months,* *Days.*

Color, White. *Sex,*

Married, ~~*Single*~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Gentleman.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} N.E. Lexington & St. Paul Sts.

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption.

Duration of Last Sickness, Three Years.

All the above information should be furnished by the Physician.

Place of Burial, London Bap. Cem. E. R. Ward. M. D.

Medical Attendant.

Date of Burial, March 30. 1875

Undertaker, Chas. A Bonder

Place of Business, No 520 N. Balt. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

~~Board of Health, City of Baltimore,~~

Permit No. 1918

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Mar 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William L. Krampe

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 18 Months, 11 Days.

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 283 N. Central Ave Balto.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 283 N. Central Ave

Cause of Death, First (Primary,) Pneumbraneous

Second (Immediate,) Laryngitis (croup)

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

J. E. Smith M. D.
Medical Attendant.

Address 108 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1919

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John F. McGrath

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 20 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Bank Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Waterford Ireland

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} 93 Mulliken St

Cause of Death, {First (Primary,) Pulmonary Tuberculosis / Second (Immediate,)

Duration of Last Sickness, 2 Yrs 10 Mos

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem

Date of Burial, Mar 31st 1875

{*Undertaker,* Jas P Byrne / *Place of Business,* 63 Fleet St

E. C. Jordan M. D.
Medical Attendant.

Address 225 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1921

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 28th of March.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen W. Tanney

Sex ~~Male~~ or *Female,* {Cross out the word not required in this line.}

~~*Age,*~~ Two *Years,* one *Months,* sixteen. ~~Eighteen~~ *Days.*

Color, White *Sex,* female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation.*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 361 E. Pratt St.

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,)

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, March 30th. 1875

Undertaker, Mathias A. Dorsey

Place of Business, 74 S. Broadway *Address*

J. Schmidt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1921.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29th of March 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Batchen

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, white *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} No Hoffman's St

Cause of Death, First (Primary,) Heart Disease

Second (Immediate.)

Duration of Last Sickness, suddenly

All the above information should be furnished by the Physician.

Place of Burial, 30th March 1875

Date of Burial, Green Mt Cemetry

Undertaker, ~~A.W.~~ Jenkins & Son

Place of Business, 16 Light St

J. Schmitz M. D.
Medical Attendant.

Address 92 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1922

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Groomes

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 75 *Years,* *Months,* *Days.*

Color, Colard

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Midwife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all Life in Baltimore & Md

Place of Death, {Give street and number.} No 1 Wagon Alley

Cause of Death, First (Primary,) Second (Immediate,) Consumption

Duration of Last Sickness, 5 month

All the above information should be furnished by the Physician.

Place of Burial, Louds Cimetary

Date of Burial, March 30 1875

Undertaker, Jas W. N. Dunger

Place of Business, No 104 East St

P Mc Neil M. D.
Medical Attendant.

Address No 99 north St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1923

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles B Calvert

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} B City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 178 Scott St

Cause of Death, {First (Primary,) Inflammation of Brain

{Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 30th

{*Undertaker,* J. B. Blackistone & Son

{*Place of Business,* 606 W. Balt. St

Jas. H. Cumming M. D.
Medical Attendant.

Address 76 Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1924

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude Kramp

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 6 *Years,* ~~6~~ *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 486 Hanover

Duration of Residence in the City of Baltimore, from birth

Place of Death, {Give street and number.} 486 Hanover st

Cause of Death, First (Primary,) Cr. Skin. Meningitis

Second (Immediate,)

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 30th 1875

Undertaker, B. Kinnard

Place of Business, Box 315 Mulberry st

W. R. McAllen *M. D.*
Medical Attendant.

Address 552 W. Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1925.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benton L Todd

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 25 Years, Months, Days.

Color, White *Sex,* Male

Married, Single, Widowed or Widower, {Cross out the words not required in this line.}

Occupation, Printer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} No 110 N Eden St

Cause of Death, {First (Primary,) Tuberculosis

Second (Immediate.)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery Lawr. Hemmeter M. D. Medical Attendant.

Date of Burial, March 29th 75

Undertaker, Thos L Hughes *Address* 133 N Exeter

Place of Business, 60 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1926.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 29th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Cavanaugh

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 33 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 16 O'Donnell St. Centre

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Eight Months

All the above information should be furnished by the Physician.

Place of Burial, St. Carmell Cimetery

Date of Burial, March 31st 1875

C. Edward Miller *M. D.*
Medical Attendant.

Undertaker, H. H. Knight

Place of Business, 41 Canton Av.

Address 143 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1927

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28th March 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James McHenry

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Forty three *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N 194 Madison Avenue

Cause of Death, {First (Primary,) Injuries from a fall / Second (Immediate,) Adynamia

Duration of Last Sickness, about two months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Country

Date of Burial, 31st March 1875

{*Undertaker,* Hy W Jenkins & Son / *Place of Business,* 16 Light St *Address*

H. Thatard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1928.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara A. McKnight

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 254 Light St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption / Seven Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 1st 1875

Undertaker, Armstrong & Lanny

Place of Business, 263 Light

R. C. Lee M. D.
Medical Attendant.

Address Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1929.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, night of March 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Allen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co Md.

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} 9 of Conway Street

Cause of Death, {First (Primary,) Inflammation of Bowels

{Second (Immediate,) Apoplexy

Duration of Last Sickness, 5 hours

All the above Information should be furnished by the Physician.

Place of Burial, Western Potters Field M. D. Donavin M. D.
Medical Attendant.

Date of Burial, March 30th Coroner

Undertaker, M. H. C. Perry *Address* G. S. Leech

Place of Business, 445 W. Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1930.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 29. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Joseph. Claus —

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Three *Years,* 4 *Months,* ~~Days.~~

Color, White *Sex,* /

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 91, N. Eden st —

Cause of Death, {First (Primary,) Scarlet Fever —
Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, E. Vincent Cemetery

Date of Burial, March 31. 1875

Undertaker, Chas. Roesing

Place of Business, 136 E. Fayette.

J. P. Gross — M. D.
Medical Attendant.

Address 137 Orleans St
Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1931,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Pleasant Paxton.

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Twenty-eight *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard Co. Md. 6-

Duration of Residence in the City of Baltimore, Six years.

Place of Death, {Give street and number.} No. 38 Little Monument St.

Cause of Death, First (Primary,) Pulmonary Tuberculosis.

Second (Immediate.) Apnoea

Duration of Last Sickness, Three Months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, March 28th 1875

Undertaker, Jno. P. Gray

Place of Business, 65 Mulberry St

G. K. Mueck M. D.
Medical Attendant.

Address No. 131 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1932

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~Albert Ford~~ March 30 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert L. Ford

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 25 *Years,* 0 *Months,* Twenty six *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None, on account of health

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number.} 164 W. Biddle

Cause of Death, First (Primary,) Epilepsy

Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem'y *Wm M. Ford a Kemp* M. D.

Medical Attendant.

Date of Burial, April 1st 1875

Undertaker, Jacob Weaver

Place of Business, No 476 Druid Hill Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1933,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~[illegible]~~ March 29th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph C. Lucke

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 23 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, Carpenter

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Union Port Baltimore

Cause of Death, { First (Primary,) Acute Consumption / Second (Immediate,)

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 31st

Chas Fawcett *M. D.*
Medical Attendant.

Undertaker, Andrew Lutz

Place of Business, 113 East Fayette *Address* 73 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 1934

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johanna Szold

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Three *Years,* Six *Months,* Seven *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, always lived in Balto

Place of Death, {Give street and number.} 250 W. Lombard St

Cause of Death, {First (Primary,) Malignant Scarlet fever
Second (Immediate,) Exhaustion

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Oheb Schalom Cemetery

Date of Burial, March 30th 1875

Undertaker, John L. Baecher

Place of Business, No 150 Camden Address

A. Friedenwald M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1935.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28 day 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Berry

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, Brown *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert County Md.

Duration of Residence in the City of Baltimore, Fifteen months

Place of Death, {Give street and number.} 238 West St.

Cause of Death, {First (Primary,) Acute Phthisis
Second (Immediate,)

Duration of Last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 30 1875

{*Undertaker,* W H Chase
Place of Business, 183 ½ Howard St

R. M. Hall M. D.
Medical Attendant.

Address 266 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1936

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 30th day of March 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert L Stansbury.

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.} Male

Age, 52. *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single, Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} Widower

Occupation, do not know.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt County.

~~*Duration of*~~ *Residence in the City of Baltimore,* 12 years.

Place of Death, {Give street and number.} Farmers Hotel, 150 Forrest St.

Cause of Death, First (Primary,) Cut his throat

Second (Immediate,) Suicide

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, March 31st 10 O'Clock

Geo C Ogle Connor, M. D.
Medical Attendant.

Undertaker, Geo C Rodenmayer

Place of Business, 38 Eason Alley *Address* 229 W Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 30 1875 BALTIMORE

Permit No. 1937.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar. 30th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. Sezenroad

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 53 Albemarle St.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, 5 days,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 31st 1875

Undertaker, James P Byrne

Place of Business, N° 63 W Front St

Henry T. Reynolds M. D.
Medical Attendant.

Address Eastern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 30 1875 BALTIMORE

Permit No. 1938

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 30. 18[illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Melvina Lewis

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married, Single,~~ Widow or ~~Widower,~~ {Cross out the words not required in this line.} Widow

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and number.} 26 S. Sharp St.

Cause of Death, {First (Primary,) Dropsy. Second (Immediate,) Insurance.

Duration of Last Sickness, Eighteen years.

All the above information should be furnished by the Physician.

Place of Burial, Methodist B Ground *Danl G. Rook* M. D.
Medical Attendant.

Date of Burial, March 31st 1875

{*Undertaker,* John S Lancaster *Address* Balto Washington Co

{*Place of Business,* 39 E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 30 1895 BALTIMORE

Permit No. 1939.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 29th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno Creames.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* — *Months,* — *Days.*

Color, *Sex,* Male.

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Brickmaker.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 47 Years.

Place of Death, {Give street and number.} 290 S. Sharp St

Cause of Death, {First (Primary,) —

{Second (Immediate,). Suppurative Portal Phebitis

Duration of Last Sickness, 9 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Alpha and Omega Cemetery

Date of Burial, 31. March 95

{*Undertaker,* M. J. Dix

{*Place of Business,* Columbia Ave 183

R. J. N. Tall M. D.
Medical Attendant.

Address 158 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1944

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 29th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John Joseph Ryan.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 28 *Years,* 0 *Months,* 11 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single.

Occupation, Ticket Agent.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 365 East Baltimore St.

Cause of Death, {First (Primary,) / Second (Immediate.)} Consumption.

Duration of Last Sickness, About 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Pattsville Pa A. H. Lattell M. D.

Date of Burial, March 31st 1875 Medical Attendant.

Undertaker, M. A. Dwyer *Address* 231 Franklin St.

Place of Business. S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(61)

[OVER.

Board of Health, City of Baltimore,

Permit No. 1941

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 29 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Comish

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* — *Months,* — *Days.*

Color, Black *Sex,* male

Married, ~~Single Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Stevedore

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 156 Chapel Street

Cause of Death, {First (Primary,) / Second (Immediate.)} Heart Disease

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 31st 1875

{*Undertaker,* Wm. H. Dunger

{*Place of Business,* East St

James A Steuart M. D.

Address Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Joseph Comish son of deceased

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1942

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Baltimore march 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Levin Lynch

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* Fourteen *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Nothing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Fourteen Months

Place of Death, {Give street and number.} Eutaw St No 5

Cause of Death, {First (Primary,) Croup

Second (Immediate,) Spasmodic Contractions. Round

Duration of Last Sickness, Thirty days

All the above information should be furnished by the Physician.

Place of Burial, Sharp st B. G.

Date of Burial, March 31th 1875

{*Undertaker,* Julius Koehler

{*Place of Business,* Cor. Sharp & Cross. st

L. A. Dyer M. D.
Medical Attendant.

Address Hill St. 146
Baltimore Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1943,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ludwigt Dorathy Bremer

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 2 days

Place of Death, {Give street and number.} 1 Portugal Court

Cause of Death, {First (Primary,) / Second (Immediate,)} Premature

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, March 31st 1875

Undertaker, John Braun

Place of Business, 77 S. Wolf St *Address*

James H Kinsch M. D.
~~Medical Examiner~~ Comm'r of Health &
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Information from J. Braun undertaker
they had neither Doctor nor Midwife

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1944

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 29th 75.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Stanley

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} the same

Age, 23 *Years,* *Months,* *Days.*

Color, African *Sex,*

Married, ~~Single,~~ ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 10 yrs.

Place of Death, {Give street and number.} 20 S. Bethel St.

Cause of Death, {First (Primary,) Metritis
{Second (Immediate,) Phthisis

Duration of Last Sickness, 4 mos.

All the above information should be furnished by the Physician.

Place of Burial, Hazelwood Cemetery

Date of Burial, March 31st 1875

Undertaker, William C Dunn

Place of Business, 114 East St *Address* Easton Dis[illegible]

H. T. Rumbold *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1945

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 29th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Hass nee

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Peddler

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 yrs

Place of Death, {Give street and number.} 187 S. Washington St.

Cause of Death, First (Primary,) Rheumatism & Pneumonia

Second (Immediate.) Ossification of Heart & Congest. of Lungs

Duration of Last Sickness, 10 days " " "

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetary

Date of Burial, 31 March 1875

Undertaker, Geo Froehlich,

Place of Business, 339 Canton Av

Thos Kelly M. D.

Medical ~~Attendant~~ Coroner

Address 76 S. Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

From information

Board of Health, City of Baltimore,

Permit No. 1946. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter G. Lofgren

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ ~~Months,~~ 9 Hours ~~Days.~~

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 9 Hours

Place of Death, {Give street and number.} No 259 Canton ave

Cause of Death, {First (Primary,) (Premature Birth. being a
Second (Immediate.) 6 Months Foetus)

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, 31 March 1875

{*Undertaker,* [illegible]
{*Place of Business,* 239 Canton Ave

Thomas B Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1947

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 30-1875-

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Shafer Kolb Miller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~~~~ *Years,* 4 *Months,* 26 *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} N. Gilmor St. 2nd dr. from Cumberland

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions from teething

Duration of Last Sickness, 20 hours -

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 31st 1875

Louis W. Knight, M. D.
Medical Attendant.

{*Undertaker,* Jacob Weaver / *Place of Business,* Nos 456 Druid Hill Ave} *Address* 112 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1948.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Mar 29th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Mary Eliza Weeks

Sex, Male or Female, { Cross out the word not required in this line. } Female the dau

Age, 1 yrs *Years,* *Months,* *Days.*

Color, Col *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } "

Occupation, "

Birthplace, { State or country (and how long in the United States, if of foreign birth. } N° 142 Lyon c Balto Md

Duration of Residence in the City of Baltimore, 1 yrs

Place of Death, { Give street and number. } N° 142 Lyon c Balto

Cause of Death, { First (Primary,) consumption

Second (Immediate.)

Duration of Last Sickness, about 3 months to my own

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 31st 1875

{ *Undertaker,* Wm James Gray

{ *Place of Business,* 65 Mulberry St

J. F. Patterson M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1949

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 51 *Years,* *Months,* *Days.*

Color, White *Sex,* Married

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bal^to Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.}

Cause of Death, First (Primary,) Abscess of Liver

Second (Immediate,) Asthenia

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem^ty

Date of Burial, March 31st 1875

M. D.
Medical Attendant.

Undertaker, Jas F Byrne

Place of Business, 59n Liberty St *Address* 137

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm H. Kelley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 51 *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Hotel Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carroll Co. Md

Duration of Residence in the City of Baltimore, Thirty one years

Place of Death, {Give street and number.} 132 Hillen St.

Cause of Death, First (Primary,) Scirrhus of Pyloric Orifice of Stomach

Second (Immediate,) Inanation.

Duration of Last Sickness, Twenty one days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery D Webster Cattell M. D.

Date of Burial, April 1st 1875 Medical Attendant.

Undertaker, John K. Weaver.

Place of Business, 22 N. Eutaw St. Address 14 S Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1951

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 30 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Wm A Ruckle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 6 *Months,* *Days.*

Color, W *Sex,* M

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 104 Hamburg st

Cause of Death, {First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, March 31st 1875

Undertaker, Smith & Dunn

Place of Business, 263 Light st

J H Webster M. D.
Medical Attendant.

Address 57 Bank st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1952

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Ann Warner

~~Sex~~, *Male or* ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 10 *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Probably in St Mary's Co. Md.

Duration of Residence in the City of Baltimore, Returned from Iowa. 12 days

Place of Death, {Give street and number.} 27 Front Mount St

Cause of Death, {First (Primary,) Bro. Pneumonia / Second (Immediate.)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, April 1st 1875

Geo. W. Magee M. D.
Medical Attendant.

{*Undertaker,* Wm. H. Meagre.
{*Place of Business,* 22 W. Fayette St. *Address* 18 Strigent St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1953,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Dystance Infant

Sex, Male or Female, {Cross out the word not required in this line.}

~~*Age*~~ ~~*Years,*~~ 18 *Months,* ~~*Days*~~

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Brewers alley

Cause of Death, { First (Primary,) Hooping cough
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

I did not see the child at all but this is filled up with what they say— W Tahmey M. D.

Place of Burial, Laurel Cemetery

Date of Burial, March 31

Undertaker, H. Schilling

Place of Business, 72 Penn ave

Address 53 N Gay st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John O C Barkus

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 15 *Years,* 6 *Months,* 4 Twenty Seven *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick County Maryland

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} No 224 Franklin St

Cause of Death, First (Primary,) Paralysis

Second (Immediate.) Softning of Brain

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Frederick County

Date of Burial, April 2d

Undertaker, Charles Seiman

Place of Business, Eutaw Street

Jas Montgomery M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1955.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward L. and Cordelia Roberts

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} –

Age, one day ~~Years.~~ ~~Months,~~ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 331 N Caroline St

Cause of Death, { First (Primary,) / Second (Immediate,) unknown

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Green Mount.

Date of Burial, March 31st 1875

{ *Undertaker,* Wm. H. Hickman / *Place of Business,* 204 N Gay St. *Address* No 1 South High St

Gr H Siffenderffer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1956.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Thielbahr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 10 *Months,* 25 *Days.*

Color, White ~~Sex,~~

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 16 Bevan St. "

Cause of Death, {First (Primary,) Indigestion Dyspepsia
Second (Immediate,) Convulsions

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, April 1st

Undertaker, Henry Briele

Place of Business, Henrietta St 81

J. H. Smith M. D.
Medical Attendant.

Address 108 S Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1957.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 29th May D. 75.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos H. Wells.

Sex, Male or Female, {Cross out the word not required in this line.} Male—

Age, 36 *Years,* — 11 *Months,* ——— *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation, Iron Cutter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore Md.

Duration of Residence in the City of Baltimore, 20 Years—

Place of Death, {Give street and number.} 119 N. Broadway.

Cause of Death, First (Primary,) Inflammation bowels.
Second (Immediate,)

Duration of Last Sickness, 3 Days—

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery Lutherans

Date of Burial, April 2d 1875 M. D.
Medical Attendant.

Undertaker, Empty

Place of Business, 52 N Broadway *Address* 135 N. Eutaw st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1958

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella Hodnett

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} ~~Female~~

Age, 26 *Years,* ~~10~~ *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 317 Saratoga Street

Cause of Death, {First (Primary,) Bright's disease

{Second (Immediate,) "

Duration of Last Sickness, I was attending her one week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, the 1st of April

Undertaker, S. Kingsley

Place of Business, 311 Baltimore St. *Address* 117 Madison st.

W. B. Griffith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1959.

HEALTH DEPARTMENT MAR 31 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 30 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John M. Bandel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Sixty *Years,* and Seven *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 365 E. Fourth St.

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, Eight Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, April 2nd 1875

Undertaker, Hughes & Lee

Place of Business, 658 Broadway *Address* 207 S. Broadway

Nicholas L. Dutton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1960

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 30.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georgianna Knight

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 7. *Years,* 4 *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 89 York St

Cause of Death, First (Primary,)

Second (Immediate,) ~~Other~~ Phthisis

Duration of Last Sickness, 2 Years

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 1st 1875

Thos. Ford & Co M. D.
Medical Attendant.

Undertaker, Chas. F. Hurle

Place of Business, 161 Hanover St *Address* 146 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1961

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE.

Date of Death, March. 31st. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Howard Miller

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* *Days.*

Color, White. *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 461 Franklin St.

Cause of Death, {First (Primary,) / Second (Immediate.)} Scarlet Fever.

Duration of Last Sickness, Nine days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, April 1st

{*Undertaker,* Keighler & Co / *Place of Business,* 550 W Fayette St

E. M. Reid M. D.
Medical Attendant.

Address 245 N. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1962

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *when filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jenny Donahue

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* — *Days.*

Color, White *Sex,* Female

~~Married~~ Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all its life

Place of Death, {Give street and number.} 11 L. McElderry St

Cause of Death, {First (Primary,) Whooping cough

{Second (Immediate,) to — & spasms —

Duration of Last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, Holy cross

Date of Burial, April 1st 3 O'clock

Undertaker, George C Rodenmeyer *Address* 86 S. Fayette St

Place of Business, 154 Eutaw St

H. C. Donahue *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1963 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Utz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 8 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State of country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 166. William St.

Cause of Death, {First (Primary,) Malignant Scarlet Fever
Second (Immediate.)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, April 1st 1875

J. H. Smith M. D.
Medical Attendant.

Undertaker, Julius Kochler

Place of Business, Cor Sharp & Cross. sts. *Address* 108 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1964

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 3 Mo 31 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann McLoughlin

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 60 *Years,* *Months,* *Days.*

Color, White *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} Caroline & McElderry

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 2/75

Undertaker, Wm H. Hartman

Place of Business, 1234 E. Jay O

W. Riley M. D.
Medical Attendant.

Address 47 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1965

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Baltimore March 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas A. Scott

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Eighteen *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Hostler

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Eighteen Years

Place of Death, {Give street and number.} Leadenhall St No 60

Cause of Death, First (Primary,) Consumption and

Second (Immediate,) Hydrothat

Duration of Last Sickness, Twenty one days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 1 1875

Undertaker, H H Chase

Place of Business, No 198 Broadway *Address*

J. D. Boyer M. D.
Medical Attendant.
Hill St No 14
Baltimore Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1966

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marg't Ann North.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* 7 *Months,* *Days.*

Color, *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 37 years.

Place of Death, {Give street and number.} 298 Light St.

Cause of Death, First (Primary,)

Second (Immediate,) Hemorrhagic Apoplexy.

Duration of Last Sickness, Seven days.

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, April 2d 1875

{*Undertaker,* Armstrong & Army

Place of Business, 263 Light

R. J. H. Tall. M. D.
Medical Attendant.

Address 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1967

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 10 a m March 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Wilhelmina Friedrich Wendell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 30 *Years,* One *Months,* Four *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and number.} 317 North Howard Str.

Cause of Death, First (Primary,)

Second (Immediate,) Consumption

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Friday April 2nd

Wm J. Fitzer. *M. D.*

Medical Attendant.

Undertaker, Andrew Leigh

Place of Business, 11 & Druid Hill Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1968,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 30 March 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Georg. Gerlicher

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 67 *Years,* ~~*Months,*~~ ~~*Days.*~~

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Blacksmith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Saxon Coburg. Germany

Duration of Residence in the City of Baltimore, about 35 years

Place of Death, {Give street and number.} 498 Pennsylvania Avenue

Cause of Death, First (Primary,) Cardiac disease. Valvular insufficiency

~~Secondary, or Contributory.~~ Dilatation

Duration of Last Sickness, died suddenly

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery *Marbury Brewer* M. D.

Date of Burial, Friday April 2nd Medical Attendant.

Undertaker, Andrew Lentz *Address* 201 W Biddle Street

Place of Business, 118 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1969.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Hinkle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~5~~ *Years,* 9 *Months,* *Days.*

Color, W^e *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 79 Mosher st Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 79 Mosher st

Cause of Death, {First (Primary,) Pleuro Pneumonia

Second (Immediate,)

Duration of Last Sickness, about 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 2nd

C Winslow M. D.
Medical Attendant.

{*Undertaker,* ~~Jno~~ Andrew Leiby

{*Place of Business,* 118 Druid Hill Ave *Address* 23 McCulloh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1970.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 31. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nathan Weller

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Widow

Age, 70. *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~Prussia~~ Germany

Duration of Residence in the City of Baltimore, 20. years

Place of Death, {Give street and number.} Cay & Pr 294.

Cause of Death, {First (Primary,) Marasmus

Second (Immediate.)

Duration of Last Sickness, Sick for years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 2nd 1875

Undertaker, Chas. F. Hertel

Place of Business, 111 Hanover St. *Address* 1887 E. Fombard St

John H P Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1971

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 31 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude Mooney

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 4 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} by N. Orleans

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} by N. Orleans Commissions

Cause of Death, { First (Primary,) ____ Second (Immediate.) ____

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, H. Peters Cemetery

Date of Burial, the 1st of April

{ *Undertaker,* P. Kennedy

{ *Place of Business,* 377 Lombard

A. H. Clapton M. D.

Medical Attendant.

Lexington St

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1972

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Mar 31st 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lambert Brown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 19 *Years,* ~ *Months,* ~ *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Convict

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dont Know

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, { First (Primary,) / Second (Immediate,) } Acute Phthisis 4 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Pollitt Field

Date of Burial, April 1st 1875

Undertaker, W. Donovan

Place of Business, 6 Bank St.

Jno. Brooke Boyle M. D.
Medical Attendant.

Address 174 E. Eager st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1973.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caspar Henry Wagner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, *Years,* 5 *Months,* 10 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, baby

Birthplace, {State or country (and how long in the United States, if of foreign birth.} U States

Duration of Residence in the City of Baltimore, 5 Months 10 Days

Place of Death, {Give street and number.} Chester St. North of Madison

Cause of Death, {First (Primary,) / Second (Immediate,)} Inflammation of the brain

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 2d 1875

Wm Morris *M. D.*
Medical Attendant.

Undertaker, Henry Hoeck

Place of Business, N. Central Avenue *Address* 5 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1974

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Elizabeth Frances Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 10 Months, 24 Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 10 months 24 days

Place of Death, {Give street and number.} 421 E. Fayette St.

Cause of Death, First (Primary,) Acute Meningitis

Second (Immediate,) 21 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 2nd of April

Undertaker, J. D. Lancaster

Place of Business, 39 East Pratt st

James J. McShane M. D.
Medical Attendant.

Address 254 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1975,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 31st day of March 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} J W Andre

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, About 35 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} do not know.

Occupation, Driver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} do not know,

Duration of Residence in the City of Baltimore, Was a Stranger.

Place of Death, {Give street and number.} Mr Clare Station.

Cause of Death, First (Primary,) Run over by Rail Road Cars, and

Second (Immediate,) killed instantly.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 1st 1875

Undertaker, John Mack

Place of Business, No 150 Camden

Geo C Ogle Coroner, M. D.
Medical Attendant.

Address 229 W Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 1976

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augusta Berg

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* 2 *Months,* 5 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 156 Mulberry Street

Cause of Death, First (Primary,) C. Phthisis

Second (Immediate,) Phthisis

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 2 1875.

I. K. Butler M. D.
Medical Attendant.

Undertaker, John Schnettreiss. *Address* 144 Mulberry St.

Place of Business, No. 159½ Mulberry Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 1977

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accur* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said de sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 1st. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Haus

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, Whit. *Sex,*

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27.

Place of Death, {Give street and number.} 90 Myrtle Av.

Cause of Death, First (Primary,) Phneumonia

Second (Immediate,) Typhoid

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, April 3.d

Undertaker, P. Kümmerl

Place of Business, Mulberry St, 317

Louis (?) Voss M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1978.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Chaney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 44 *Years,* 10 Ten *Months,* Five 5 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Student

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ellicotts Mills

Duration of Residence in the City of Baltimore, Seven years

Place of Death, {Give street and number.} No 2 Diamond St

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,) Exhaustion

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Com

Date of Burial, April 3d 1875

Undertaker, Chas. T. Serium

Place of Business, 211 Eutaw St.

Geo. G. Brown M. D.
Medical Attendant.

Address 258 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1979.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hettie Bartlett

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, A few weeks (on a visit)

Place of Death, {Give street and number.} 203 N. Calvert St. Balto.

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) " "

Duration of Last Sickness, Eleven Days

All the above information should be furnished by the Physician.

Place of Burial, Virginia

Date of Burial, 3rd April -/75

Undertaker, Jno F Weaver -

Place of Business, 22 N. Fayette St

J. D. Thomson, M. D.
Medical Attendant.

Address 248 Madison Ave Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE

Permit No. 1980

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Louisa Fardelmann

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 21 *Days.*

Color, white *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 270 S. Caroline St

Cause of Death, {First (Primary,) / Second (Immediate,)} Spasms

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Bachmans B. G.

Date of Burial, April 2nd 1875

Undertaker, Henry Brin

Place of Business, 252 Alice Anst

M. D.

~~Medical Attendant~~ Commis of Health &

Address Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information from Mrs Fardelmann (Mother)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE.

Permit No. 1981.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James H Scott & Mary F Scott Parents

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Years, — Two Months, ~~Two~~ Six Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 98 Hanover st

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) "

Duration of Last Sickness, Called professionally March ~~1~~ 2nd learned that the disease had been progressing a month

All the above information should be furnished by the Physician.

Place of Burial, Annapolis

Date of Burial, April 2nd 1875

E Duvall Cox M. D.
Medical Attendant.

Undertaker, McCourt Bros

Place of Business, 131 Saratoga st Address 572 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE

rmit No. 1982

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate properly filled o the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or r, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

of Death, March 31st 1875 1.30. A. M.

Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Rogers

~~Male~~ or Female, {Cross out the word not required in this line.} Female

About 65 Years, Months, Days.

r, White Sex, Female

ried, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Married

upation,

hplace, {State or country (and how long in the United States, if of foreign birth.} Ireland: two years in this country

ration of Residence in the City of Baltimore, Two years

ce of Death, {Give street and number.} No 219. Mulliken st.

se of Death, {First (Primary,) Cancer of the Stomach
Second (Immediate,) Exhaustion

ration of Last Sickness, one year.

All the above information should be furnished by the Physician.

ce of Burial, St Vincent Cemetery Pierre G. Dausch M. D.
Medical Attendant.

e of Burial, April 2nd 1875

Undertaker, James D Byrne Address 27. N. Broadway

lace of Business, No 63 N Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

ECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish n forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person d, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 1875 BALTIMORE

Permit No. 1983,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1- 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August Caretens

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 1 *Months,* 4 *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 162 Mulberry St.

Cause of Death, {First (Primary,) Valvular disease of the Heart

Second (Immediate,) Three years.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, German Lutheran Druidhill Road Louis W. Knight M. D.

Date of Burial, April 2nd 1875 Medical Attendant.

Undertaker, Adam Waldmeyer *Address* 112 N. Greene St.

Place of Business, 518½ W. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT APR 1875 BALTIMORE

Permit No. 1984

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Anna Karl

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 62 *Years,* 6 *Months,* 19 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number.} 108 Pierce St

Cause of Death, {First (Primary,) apoplexy
Second (Immediate.)

Duration of Last Sickness, Eight hours

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

Geo C Ogle Coroner M. D.
Medical Attendant.

Address 229 N Carey St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

HEALTH DEPARTMENT APR 1875 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1985

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Dann -

~~Sex~~, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days.*

Color, White *Sex,*

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} No. Sumter - Elizabeth Lane

Cause of Death, {First (Primary,) Scarlet Fever -
Second (Immediate,)}

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, April 24th 1875

{*Undertaker,* Julius Koehler
Place of Business, Cor Sharp & Cross Sts

A. M. Dodge M. D.
Medical Attendant.

Address 207 Hanover St Balto Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

HEALTH DEPARTMENT APR 1875 BALTIMORE

Permit No. 1986. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 31ten März 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Gotfr. Roth

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 3 *Months,* ——— *Days.*

Color, white *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Schapellstreet No 133

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} Schapellstreet No 133.

Cause of Death, First (Primary,) Trismus

Second (Immediate.) Spasms

Duration of Last Sickness, 12 Days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carroll Cimetery

Date of Burial, April 2 th. 1875

Undertaker, H. H. Gibbons

Place of Business, 41 Eastern Ave.

Dr. Fr. Luckow M. D.
Medical Attendant.

Address Wolfstreet No 173.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1987

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 30th day of March 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Magill.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 70, *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.} Widower.

Occupation, Stone Polisher.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 33 years.

Place of Death, {Give street and number.} No 222 Ryaborg St.

Cause of Death, First (Primary,)

Second (Immediate.) Fell dead: either Apoplexy or heart disease.

Duration of Last Sickness, No Post Mortem Made, it was not necessary,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetry

Date of Burial, April 2

Geo E Gyle Coroner, M. D.
Medical Attendant.

Undertaker, I B Cook

Place of Business, 107 W Baltimore Address 229 N Carey St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1988,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Maria Leeken

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* 4 *Months,* — *Days.*

Color, White *Sex,* Female

Married, ~~Single~~ ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dublin, Ireland.

Duration of Residence in the City of Baltimore, about 7 years

Place of Death, {Give street and number.} Mount Hope Baltimore

Cause of Death, {First (Primary,) Inflammation of Liver

{Second (Immediate,) Congestion of Lungs & Stomach

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, 3rd April

{*Undertaker,* C. H. Blizzard

{*Place of Business,* Ellington 2 Doors from Lanvale

Thos H Stokes. M. D.

Medical Attendant.

Address 141 St Paul St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1989.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1875-

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Deborah Hadley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} Age Womens Home - Lexington St

Cause of Death, First (Primary,) Old Age

Second (Immediate,) Exhaustion of Nature

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Saturday April 3rd

Undertaker, G.W. Jenkins Son

Place of Business, 16 Light St Balto.

D. R. Ford M. D.

Medical Attendant.

Address No 10 - N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1990.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April. first 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace Lauckheimer

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, Two *Years,* eight *Months,* ..... *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 113 Sharp St

Cause of Death, { First (Primary,) Scarlet fever

Second (Immediate,) .....

Duration of Last Sickness, Nine days.

All the above information should be furnished by the Physician.

Place of Burial, Lehen County Jef Road

Date of Burial, April 2 1875

Undertaker, John Shaeker *Address* .....

Place of Business, No 150 Camden

G Hape M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1

Permit No. 1991,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 30. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Delaney Steiner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Ten *Years,* 8 *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 10 yrs & 8 months

Place of Death, {Give street and number.} # 171 Spring st.

Cause of Death, First (Primary,) Pleuritis

Second (Immediate.) Pleuritic Effusion (dropsy of chest)

Duration of Last Sickness, 9 weeks

All the above information should be furnished by the Physician.

Place of Burial, Saint Vincent Cemetery

Date of Burial, Apr 2 1875

Undertaker, William N Dunger *Address* # 305 N. Caroline st.

Place of Business, No 104 East Shr

Geo. A. Hartman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1992

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry William Hecbner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 8 *Days.*

Color, white *Sex,* male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 31 Eve Street

Cause of Death, {First (Primary,) Spasms

{Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Cemetery James F. Stewart M. D.

Date of Burial, April 2nd 1875 ~~Medical Attendant~~ Comm'r of Health &

{*Undertaker,* Geo Heck *Address* Registrar

{*Place of Business,* 24 S. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information given by Henry W. Hecbner (Father)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1993.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 1st of April 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ludwig Ritter

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 1 *Years.* 7 *Months,* ..... *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} N. Y.

~~*Duration of Residence in the City of Baltimore,*~~

Place of Death, {Give street and number.} 59 N. Castle.

Cause of Death, {First (Primary,) Scarlatina

{Second (Immediate,) Eclampsia (convulsions)

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alfonsus Cemetery

Date of Burial, April 2 sh

{*Undertaker,* Michael Funk *Address* 245 E. Baltimore

{*Place of Business,* No 85 Barney.

J. Mathieu M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1994.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Engelbertus + Victoria Kistel

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} *Years,* *Months,* 4 hours ~~Days~~

Age, *Sex,* Female

Color, white

~~Married~~ *Single,* ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 111 Thomas Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Exhaustion 4 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, April 2 1875

{*Undertaker,* Michael Funk / *Place of Business,* 35 Bank St

James A Steuart M. D.
Coroner & Health & Registrar
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Information from Butterton of Medical

Board of Health, City of Baltimore,

Permit No. 1995

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 1

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary M. Rogers

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 82 *Years,* *Months,* *Days.*

Color, *Sex,*

~~Married, Single,~~ *Widow or* ~~Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Arundel Balt. Co.

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 180 Arlington Avenue

Cause of Death, { First (Primary,) Double Bronchitis
Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 3d 1875

{ *Undertaker,* W. A. Dauger
{ *Place of Business,* 714 E. Boundary

J. H. Wilson M. D.
Medical Attendant.

Address 257 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1996.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 2 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Winingder

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Chester England

Duration of Residence in the City of Baltimore, 64 Years

Place of Death, {Give street and number.} 823 Eastern Ave.

Cause of Death, {First (Primary,) / Second (Immediate.)} Old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, M. E. B. Ground Phila. Road

Date of Burial, April 4, 1875

Undertaker, M. A. Darzu

Place of Business, 74 S. Broadway

M. J. Cooley M. D.
Medical Attendant.

Address 204 Bank St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1997.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate (*properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Second April

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Howard Stesh

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* Eight *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Pilmur near Cumberland st

Cause of Death, {First (Primary,) Eczema Rubrum

{Second (Immediate.)

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, April 3rd at 3 oclock

Undertaker, Rich Hall

Place of Business, 233 East Balt *Address* st

L. C. Horn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1998

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March. April 1st 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Ann Gilbert.

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, Pure White. *Sex,* Female.

Married, ~~Single, Widow, Widower~~ {Cross out the words not required in this line.}

Occupation, House Wife.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} 125 Boyd St.

Cause of Death, {First (Primary,) Consumption. / Second (Immediate,)

Duration of Last Sickness, Five year.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 3d

Undertaker, Thos Shea & Co

Place of Business, Cor Fayette & Republican.

W. G. Register M. D.
Medical Attendant.

Address 845 W Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1999.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 1 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie Jones

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* one *Months,* *Days.*

Color, Darkey *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 128 Pine St

Cause of Death, {First (Primary,) Congestion of the Lungs

{Second (Immediate,) Convulsions

Duration of Last Sickness, Three hours Don't know how long ill

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 2 1875

{*Undertaker,* G W Chase

{*Place of Business,* No 198 Howard

B. J. Bluman M. D.
Medical Attendant.

Address 258 N. Carroll

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT 2 1875 BALTIMORE.

Permit No. 2000

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 21. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin Grote

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, one day

Place of Death, {Give street and number.} Eastern Police Station

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemy Thos. Kelly M. D.

Medical Attendant.

Date of Burial, April 23

{*Undertaker,* H. Dissel *Address* 76 South Exeter

{*Place of Business,* Sou. Bond st. 151

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Some information given by his sons.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2001,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 1. 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Amanda M. Gibbons.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 7 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number. } 8 th E. of Pr.

Cause of Death, { First (Primary,) Phthisis Pulmonalis
Second (Immediate,) Exhaustion

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 3 rd 1875

C. Connolly, Asst. M. D.
Medical Attendant.

{ *Undertaker,* Thos S Hughes
{ *Place of Business,* 60 E Balto St Address Balt. & Washington Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 2002

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 1st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. W. Coyle

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, One *Years,* Two *Months,* Eight *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——— ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 240 N. Front

Cause of Death, {First (Primary,) Acute Hydrocephalus
Second (Immediate,) Convulsions

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Cath Cem

Date of Burial, April 2nd 1875

Undertaker, Jos F Byrne

Place of Business, 57 n Liberty st

G. F. Laymen M. D.
Medical Attendant.

Address 129 N. High st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2206

The Special Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21113.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Lee Kindall

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* 5 *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 63 E. Madison St

Duration of Residence in the City of Baltimore, 1 yr 7 Month 5 days

Place of Death, {Give street and number.} 63. E. Madison St

Cause of Death, {First (Primary,) Convulsions

{Second (Immediate,) 5 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, April 3d 1875

{*Undertaker,* James P Byrne

{*Place of Business,* No 63 N Front St

Silas W Hunter M. D.
Medical Attendant.

Address 111 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 2 0 0 1 [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
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BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank & Mary Stuhlung

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 hour ~~*Years,*~~ ~~*Months,*~~ *Days.*

Color, white. *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Born & live one hour

Place of Death, {Give street and number.} Bruen St. near Prairie St.

Cause of Death, First (Primary,) Second (Immediate,) Natural Causes

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. H. Ebenezer Cem.y

Date of Burial, April 2d. 1875

Undertaker, G. H. Stirling

Place of Business, —

H. L. Stein — *M. D.*
Medical Attendant.

Address 375 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 2[illegible]

Board of Health, City of Baltimore,

HEALTH DEPARTMENT APR 2 1875 BALTIMORE

Permit No. 21105.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 2. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph — Joundling

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years~~, abt 2 Months, ~~Days.~~

Color, white Sex,

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the ~~City of Baltimore~~, Institution 6 days

Place of Death, {Give street and number.} St Vincents' Infant Asylum

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Convulsions

~~*Duration of Last Sickness,*~~

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemy

Date of Burial, April 3rd 1875

Undertaker, Sisters of Institute

Place of Business, Address 201 W. Biddle Street

Martin Brewer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2006

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2006

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Apr 2

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Virginia Marshall Harvey

Sex, ~~Male~~ or Female, {Cross on the word not required in this line.}

Age, 21 *Years,* 9 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Two years

Place of Death, {Give street and number.} 85 Bolton

Cause of Death, {First (Primary,) / Second (Immediate,)} Peritonitis

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, 4th April 1875

Undertaker, H & N Jenkins & Son

Place of Business, 16 Light St

F. E. Chatard M. D.
Medical Attendant.

Address 114 Park Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2007.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 2 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie V Goldsborough

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* 3 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 193. Williams st

Cause of Death, {First (Primary,) Scarlet fever

{Second (Immediate.)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetary

Date of Burial, April 4th 1875

Undertaker, Armstrong & Lemmy

Place of Business, 263 Light st

H. H. Webster M. D.
Medical Attendant.

Address 57 Barnet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2008

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2008.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 2 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sallie Ann Le Count

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, about 75 *Years,* ~~~ *Months,* ~~~ *Days.*

Color, Black *Sex,* Female

~~Married, Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 123 Low St

Cause of Death, {First (Primary,) Old age

{Second (Immediate,) Cancer in Side

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 3rd 1875

{*Undertaker,* W. N. Dunger

{*Place of Business,* East St

Jno A Steuart M. D.

~~Medical Attendant~~ Commis of Health & Registrar

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information from Mr. Mathews – Exeter St near Low St

OVER

No. 2009

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2009

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 2nd '75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Swigart

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 82 *Years,* 7 *Months,* 1 *Days.*

Color, *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 415 N. Fremont St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery J. H. Keller M. D.

Date of Burial, April 4th 1875 Medical Attendant.

{*Undertaker,* Jacob Weaver / *Place of Business,* No 426 Saint Paul Street} *Address* 89 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2010

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 2d at 4. a. m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Geo Henry Coleman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ~~Years.~~ 9 *Months,* & 3 *Days.*

Color, White *Sex,* male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Father North Carolina. U.S. Mother Germany.

Duration of Residence in the City of Baltimore. 29 Years for Father 25 for mother

Place of Death, {Give street and number.} 49 Block St. E. Balto.

Cause of Death, First (Primary,) Cold

Second (Immediate,) Pneumonia &c

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Alfonso Cemetery

Date of Burial, April 4..

Undertaker, S. Bolgen ..

Place of Business, 36. Thams. St.

Address ..

I. I. Cockrill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. _____

Board of Health, City of Baltimore,

Permit No. 2011

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 2d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Metzdorff

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 2 *Months,* — *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, 6 yr. 2 mo.

Place of Death, {Give street and number.} 88 Johnson St.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Anasarca

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 4th 1875

Undertaker, Armstrong & Denny

Place of Business, 263 Light St

R. L. M. Tall M. D.
Medical Attendant.

Address 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2012

The Special Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2012

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 1st April

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Hastine

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* —— *Months,* 24 *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —— None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford County Md.

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number.} 236 E Monument st

Cause of Death, {First (Primary,) Pulmon. Consumption
Second (Immediate,) Gen. Debility

Duration of Last Sickness, One year & a half.

All the above information should be furnished by the Physician.

Place of Burial, Balt. County

Date of Burial, April 4

Undertaker, Wm Fry

Place of Business, 540 Broadway

B. Flagg M. D.
Medical Attendant.

Address 129 High st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2013

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2013

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 1th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elisabeth Gerhold

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 65 *Years,* 02 one *Months,* 13 *Days.*

Color, white *Sex,*

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, farmers wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany. About 30 years in the U. States

Duration of Residence in the City of Baltimore, About 30 years

Place of Death, {Give street and number.} 234 Preston Street

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Weakness

Duration of Last Sickness, five years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 5th

Undertaker, Andrew Leahy

Place of Business, Smithville Ave

Address 224 W Fayette Street

L. F. Reinhardt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2014

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2014

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 1st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Taylor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} Union Hospital

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Laurel Md

Date of Burial, Apl 2nd

Undertaker, A. M. C. Jerry

Place of Business, 448 W Balt

T. A. Ashby M. D.
Medical Attendant.

Address Union Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 205

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 2d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Eckstein

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Eight Years, 13 Months, Seven Days.

Color, White Sex, Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Street Peddler

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Whitenburg Germany

Duration of Residence in the City of Baltimore, 8 Years. Years Months

Place of Death, {Give street and number.} 614 Fremont Ave

Cause of Death, First (Primary,) Old age.

Second (Immediate,)

Duration of Last Sickness, About three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County Jo. St. Mary's

Date of Burial, 4th April

Undertaker, W. S. Dill

Place of Business, 183 Columbia St. *Address*

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2016

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2016.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2nd 187[illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Klinpenburg

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 2 *Months,* 10 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 247 S. Broadway

Cause of Death, First (Primary,) Convulsions,

Second (Immediate,) [redacted]

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St Johns R.C. St Paul County

Date of Burial, April 3rd at 2 p.m.

C. Edward Miller M. D.
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 252 London St. *Address* 43 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 2017

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 2017.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John Piet

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 83 *Years,* 7 *Months,* 6 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} San Domingo

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 153 N. Paca St

Cause of Death, First (Primary,) Congestion of Lungs

Second (Immediate.) General Debility

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Monday 5th April

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light St.

I. H. Buhler M. D.
Medical Attendant.

Address 144 Mulberry St

"

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertnker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 201

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2018,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Cumlinz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 68 *Years,* 2 *Months,* 3 *Days.*

Color, W *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, about 38 yrs.

Place of Death, {Give street and number.} No. 163 Forest St Balto Md

Cause of Death, {First (Primary,) Paralysis

{Second (Immediate,)

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 4. 75

{*Undertaker,* Wm H Hoffman

{*Place of Business,* 1234 Jas St

J Hutton M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2019.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 30 April 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ernstine Louise Caroline Klomann

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 20 *Days.*

Color, *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 37 Portland st. Baltimore

Cause of Death, { First (Primary,) / Second (Immediate,) } Scarlet fever (malignant form)

Duration of Last Sickness, Thirteen days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 4th 1875

J. D. Heldmann M. D.
Medical Attendant.

Undertaker, A Weidemeyer

Place of Business, 558 W. Baltimore St. Address 120 Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2020

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 2d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Allen Griffith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 62 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Grocer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annemdale County Md

Duration of Residence in the City of Baltimore, 22 Years.

Place of Death, {Give street and number.} No 151 Barre st

Cause of Death, {First (Primary,) Cancer of Stomach.
{Second (Immediate.)

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, April 4th 1875

Undertaker, John Thacher

Place of Business, No 151 Lombard st

Pembrille M. Wimble M. D.
Medical Attendant.

Address No 203 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2021,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 2, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Frederick Mack

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 163 Sol. Legal Co

Cause of Death, First (Primary,) Croup

Second (Immediate,)

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 4th

J. M. F. Hook M. D. Medical Attendant.

Undertaker, Robt Kennedy & Son *Address* 118 N. Gilmor St

Place of Business, 96 Sol. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2022

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin D. Lowers

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* *Days.*

Color, Brown *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 274 South Howard St.

Cause of Death, { First (Primary,) Epilepsy
Second (Immediate.)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 3. 75

{ *Undertaker,* S. W. Chase
{ *Place of Business,* 19 E. Howard St

R. M. Hall M. D.
Medical Attendant.

Address 266 D. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 3 1875 BALTIMORE.

Permit No. 2023,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Summers

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.} ....

Age, 6 *Years,* 10 *Months,* *Days.*

Color, Whit *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hull St. Locust Point Baltimore

Duration of Residence in the City of Baltimore, during Life time

Place of Death, {Give street and number.} Hull St. Locust Point Balto. city

Cause of Death, {First (Primary,) Scarlatina
Second (Immediate.) Ethanstion

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 4th 1875

{*Undertaker,* H. H. Schmeyer
Place of Business, 361 Canton Ave

R. W. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2024

HEALTH DEPARTMENT APR 3 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 3th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretha Henkell

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, one *Years,* six *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hamburgh. Str. Nº 176

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} The same as above

Cause of Death, {First (Primary,) Bronchitis acuta
Second (Immediate,) Spasmi

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 5th 1875

Undertaker, Charles F. Herold

Place of Business, 161 Hanover St.

Adolph Buchen, M. D.
Medical Attendant.

Address Hanover Str. Nº 131.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2025.

HEALTH DEPARTMENT APR 3 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 3d of April 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Mulhaupt

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* 3 *Months.* *Days.*

Color, White *Sex,*

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wilda (Hamburg, Prussia)

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} 35 Fourth.

Cause of Death, First (Primary.) Ataxy senilis

Second (Immediate.) Heavy fall out of the bed

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Aloysius Cemetery

Date of Burial, April 5th

Undertaker, Michael Frantz

Place of Business, No. 35 Bank Str. *Address* 245 E. Baltimore

J. Flathrich M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2026

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death, Sundays excepted, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alf Anderson (Daniel R)

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 48 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Intelligence Office

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Saratoga St above Calvert St

Cause of Death, { First (Primary,) Pneumonia / Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 2 1875

Undertaker, C S H Chase

Place of Business, No 198 N Howard St

Address

Thurber Jones M D

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

the body to its Destination.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2027

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 2d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Spear

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, White *Sex,* female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, entire life

Place of Death, {Give street and number.} N W Cor Pratt & Sharp Sts

Cause of Death, {First (Primary,) / Second (Immediate,)} Puerperal fever

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Cemetery of Levy Sh

Date of Burial, Hebrew Congregation April 4th

A Friedenwald M. D.
Medical Attendant.

Undertaker, Wm Elbon

Place of Business. 101 Gough Street

Address 88 N Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2028

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Amelia Seely

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 (Estimated) *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, At Home

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Williamsburg Virginia

Duration of Residence in the City of Baltimore, Twelve Years

Place of Death, { Give street and number. } 21 E. Dallas St

Cause of Death, { First (Primary,) Pulmonary Phthisis / Second (Immediate,) Exhaustion

Duration of Last Sickness, Nine Months

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, April 4th

{ *Undertaker,* John H Lock. / *Place of Business,* 65 S. Ann St } *Address*

C. Lawrence M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 029

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1875. 5. P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James White Morgan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} ~~Female~~ Male

Age, 20 *Years,* 7 *Months,* 18 *Days.*

Color, white *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Baker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} No 6. S. Gist st.

Cause of Death, {First (Primary,) Consumpetion / Second (Immediate.)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 5th 1875

Pierre G. Dausch M. D.
Medical Attendant.

Undertaker, H. M. Gilmeyer

Place of Business, 341 Canton *Address* 97 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2030

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 3. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Frances

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Sixty five *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Sixty five years

Place of Death, {Give street and number.} No. 30 N. Alley ~~Green~~

Cause of Death, First (Primary,) Debility

Second (Immediate.)

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, April 5

Undertaker, J B Cook

Place of Business, 1107 W Baltimore St

Chas. W. Neff M. D.
Medical Attendant.

Address 306 N. Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2031.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRY DEPARTMENT
APR 5 1875
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 4th April. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Annie R. Brown

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 9 *Months,* 21 *Days.* ~~Years,~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Worcester Co. Md.

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and number.} 483 W. Baltimore St.

Cause of Death, {First (Primary,) Fall
Second (Immediate,) Acute Hydrocephalus

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Balto cemetery

Date of Burial, April 3rd at 2 o'clock

Undertaker, Richard Hall *Address* 166 W. Fayette St.

Place of Business, 233 East Balto St

H. W. Owings *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2032.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr. 3d

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alex + Jane Watts

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 8 *Days.*

Color, Brown *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 78 Church St.

Cause of Death, {First (Primary,) / Second (Immediate.)} Convulsions

Duration of Last Sickness, Since its birth

All the above information should be furnished by the Physician.

Place of Burial, Sharp St B.G

Date of Burial, April 5th 1875

Undertaker, Sam'l H. Chase

Place of Business, S. Howard St

Julia A. Johnson Midwife

Medical Attendant.

Address 23 Grove St.

pro M. M. Hall

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty he Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish hin forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ng forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person sed, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2033

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4 "mo 4 "1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas H Tillman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Clerk.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 22 Years 2 Mo.

Place of Death, {Give street and number.} 13 S. Fulton St

Cause of Death, {First (Primary,) Consumption

Second (Immediate.)

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, April 6th 1875.

Undertaker, Jn. A. Shearer. *Address*

Place of Business, 22 W. Baltimore St

W. Riley *M. D.*
Medical Attendant.

47 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2134

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 3. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Virgil Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 3 *Days.*

Color, ~~White~~ Mulatto. *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 4 Bran Alley

Cause of Death, {First (Primary,) Pneumonitis

{Second (Immediate,) Hemiplegia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Wood Cemetery

Date of Burial, Apr 5 1875

{*Undertaker,* William Monger

{*Place of Business,* No 10 Hollins

G. Glanville, Jr. M. D.
Medical Attendant.

Address Balto Washington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2035

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 4 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Dodd.

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 65 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 8 Months.

Place of Death, {Give street and number.} 272 Argyle ave.

Cause of Death, {First (Primary,) Cancer of Tongue
Second (Immediate,)

Duration of Last Sickness, 8 Months -

All the above information should be furnished by the Physician.

Place of Burial, Eastern Md.

Date of Burial, Tuesday 6th Inst

Chas W Chancellor M. D.
Medical Attendant.

Undertaker, Jas Chalmers.

Place of Business, Penn-ave *Address* 174 Argyle ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(65)

Board of Health, City of Baltimore,

Permit No. 2036 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Francis Basly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Eight *Years,* 7 *Months,* — *Days.*

Color, Col — *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland. Seven birth

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 56 Union " St "

Cause of Death, {First (Primary,) Consumption
Second (Immediate,)

Duration of Last Sickness, About two years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 5, 1875

Undertaker, Wm. L. Gordon

Place of Business, No 63 Park Av — *Address* 192 Park Av

W M Antim *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2037.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, april 2 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} wat morrison.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 34 *Years,* *Months,* *Days.*

Color, col *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Petersburg va

Duration of Residence in the City of Baltimore, about six years.

Place of Death, {Give street and number.} 267 Park avenue Balto.

Cause of Death, First (Primary,) consumption

Second (Immediate,) " "

Duration of Last Sickness, about six months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 5th 1875

H H Patterson M. D.
Medical Attendant.

Undertaker, John C Gordon

Place of Business, No 53 Park Ave. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 2038, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4th 6.30. P. M. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Blasius Hallmeier

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 41 *Years,* 2 *Months,* 2 *Days.*

Color, white *Sex,* Male

Married, ~~Single, Widow or Widower~~; {Cross out the words not required in this line.} Married

Occupation, Tailor & Cutter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} No 268. E. Eager st.

Cause of Death, {First (Primary,) Consumption.

{Second (Immediate.)

Duration of Last Sickness, About 16 years

All the above information should be furnished by the Physician.

Place of Burial, [illegible] Pierre G. Daiseh M. D.

Date of Burial, April 7th 1875 Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] *Address* 97 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2139.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha Cecilia Smith

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Two years~~ *Years,* 2 *Months,* 5 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 296 Mulberry st.

Cause of Death, First (Primary,) Carditina

Second (Immediate.) Diphtheria

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, ~~Baltimore County~~ St. Pauls Burying Ground.

Date of Burial, April 6th

Undertaker, Peter Kummel

Place of Business, 317 Mulberry.

L. C. Hosu M. D.
Medical Attendant.

Address 226 Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 21140

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eva May Williams

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Five *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Hollins St. East of Schroeder

Cause of Death, First (Primary,) Congestion of the Brain

Second (Immediate,) Extravasation

Duration of Last Sickness, Abt 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, April 5th 6.

Undertaker, Chas Tennert.

Place of Business, 317 Hollins St.

G. W. Hoffman M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2041.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles France

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* 11 *Months,* *Days.*

Color, White *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Car conductor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, Twelve years

Place of Death, {Give street and number.} No 11 Forrest Place

Cause of Death, {First (Primary,) Purpura Hemorrhagica
Second (Immediate,) Typhoid Pneumonia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt Cem

Date of Burial, April 7th 1875

{*Undertaker,* John F Rodmyre
Place of Business, 102 E. Monument st.

James F Kenealy M. D.
Medical Attendant.

Address 93 Park st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1042

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 4th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Goldie Bowe

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 163 N. Fremont St.

Cause of Death, { First (Primary,) / Second (Immediate,) } General Dropsy following Diphtheria

Duration of Last Sickness, 30 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 5th 4 o'clock

Undertaker, G.A.B. Boisbertrand

Place of Business, 606 Ball St

J. M. C. Eddy M. D.
Medical Attendant.

Address 363 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2043.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Wallace Bromley Williams

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 8 *Months,* 22 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} N. B. Co Calhoun & Patterson

Duration of Residence in the City of Baltimore, Twenty months twenty days

Place of Death, {Give street and number.} N. B. Co Calhoun & Patterson ave

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sat at 10 o'clock

Undertaker, J. B. Blackistone & Son

Place of Business, 606 Bolt st

Sml Eppstine M. D.
Medical Attendant.

Address 682 N. Amberst

City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2044

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas A Crispin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* 6 *Months,* _____ *Days.*

Color, white *Sex,* male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 21 McCaldeny St.

Cause of Death, {First (Primary,) Asthma / Second (Immediate,) "

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 6th 1875

Undertaker, Geo C. Rodemeyer

Place of Business, Ensor St. *Address*

James A Steuart M. D.
~~Medical Attendant.~~
Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

C

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2045.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4th 75.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Jennings.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 1 *Years,* 11 *Months,* — *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Locust Point Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Locust Point Balto.

Cause of Death, First (Primary,) Cerebro Spinal Meningitis.

Second (Immediate,) —

Duration of Last Sickness, 12 Days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 6th 1875

Undertaker, H. M. Gibmeyer

Place of Business, 341 Canton Ave.

Geo. W. Stevenson M. D.
Medical Attendant.

Address 133 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2046

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Harrison Pate

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Nine Months, Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Nine months

Place of Death, {Give street and number.} East Pratt St No 57

Cause of Death, First (Primary,) Papilloma Bronchitis

Second (Immediate,)

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery *M. D.*

Date of Burial, 6th of April at 10 a.m. Medical Attendant.

Undertaker, Lindsay Snyder Jr. *Address* 137 N. Eutaw St

Place of Business, 142 Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2047.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily Jane McGreevy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 57 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, 57 years

Place of Death, {Give street and number.} 101 Walsh Street

Cause of Death, {First (Primary,) Pneumonia
Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, April 6 1875

Undertaker, W. W. Jenkins & Son

Place of Business, 16 Light St

H Darling M.D. M. D.
Medical Attendant.

Address 113 Hubbert street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2048,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georgiana Webb

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Co Md

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and number.} 128 N. Exeter Street

Cause of Death, First (Primary,) Ovarian Dropsy

Second (Immediate,) " "

Duration of Last Sickness, 7 weeks—

All the above information should be furnished by the Physician.

Place of Burial, New London Fred Co Md

Date of Burial, April 5th 1875

Undertaker, W. H. Hickman

Place of Business, Exeter St *Address* Saratoga St

N. R. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(66)

Board of Health, City of Baltimore,

Permit No. 20119

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Cooper

Sex, ~~Male~~ / *Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* 3 *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} York st ck 138

Cause of Death, First (Primary,) Pneumonia.

Second (Immediate,) 6 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 6th

Undertaker, John B. Williams

Place of Business, 147 Lee st *Address*

Ellis Micheau M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2050

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Laura V. Wall.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* 2 *Months,* 20 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Richmond Va.

Duration of Residence in the City of Baltimore, Seven years.

Place of Death, {Give street and number.} 156 Pearl St.

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Richmond Va.

Date of Burial, April 6th 1875

{*Undertaker,* Jacob Weaver

{*Place of Business,* No 84 Druid Hill Ave

A. W. Littell M. D.
Medical Attendant.

Address 231 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(67)

Board of Health, City of Baltimore,

Permit No. 2051

OFFICE OF REGISTRAR OF VITAL STATISTICS.



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Baugh-

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 31 Years, 3 Months, 27 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Ship-joiner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, From the date of his birth

Place of Death, {Give street and number.} [illegible]

Cause of Death, First (Primary,) [illegible]

Second (Immediate,) Congestion

Duration of Last Sickness, About four (4) weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery [illegible]

Date of Burial, April 7th 1876

M. D.
Medical Attendant.

Undertaker, Geo Trechlich

Place of Business, 339 Canton Av *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2052

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Seipp

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* 16 *Days.*

Color, *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No. 267 East Madison St

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Suppression of Urine

Duration of Last Sickness, Three week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 7th 75

Undertaker, Geo. Schilling

Place of Business, No 212 E. Monument st *Address* 100 N. Broadway

Milton A. Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2053,

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,* Male

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Grain Runner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 118 Holliday St

Cause of Death, {First (Primary,) Methomania

{Second (Immediate,) Apoplexy

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Eberle G. Ireland M. D.

Date of Burial, April 6th 75 Medical Attendant.

Undertaker, Wm L Gray

Place of Business, 65 Mulberry St *Address* 51 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2054

HEALTH DEPARTMENT
1875
BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Magnor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1. *Years,* 10. *Months,* 19. *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} Marshall St.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Dropsy

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Theodore Cook M. D.

Date of Burial, April 6th 1875 Medical Attendant.

Undertaker, Charles F. Herold

Place of Business, 161 Hanover St, *Address* 161 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE

Permit No. 2053

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harrison Thomas

~~Sex~~, *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 8 *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give street and number.} No 20 New Church Street

Cause of Death, First (Primary,) Pneumonitis

Second (Immediate,) Pulmonary effusion

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Cathedral Cemetery. C H Starr *M. D.*

Date of Burial, April 6 1875 Medical Attendant.

Undertaker, S R Chase.

Place of Business, Federal Hill No 198 Howard St *Address* No 18 N Liberty Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2066.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josiah & Sarah A. Mathews

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, _____ *Years,* _____ *Months,* 2 *Days.*

Color, Mulatto *Sex,* Male

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 165 Warner St

~~*Duration of Residence in the City of Baltimore.*~~

Place of Death, {Give street and number.} 165 Warner St

Cause of Death, {First (Primary,) Hebetases. Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery.

Date of Burial, April 6 1875

{*Undertaker,* ~~J~~ W Chase

Place of Business, 260 1/2 W Howard

Geo. H. Benson M. D.
Medical Attendant.

& *Address* 144 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 1875 BALTIMORE

Permit No. 2057.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel N. Gover.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} ..... *Days.*

Age, 73 *Years,* *Months,* —

Color, White *Sex,* Male.

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Auctioneer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 13 N. Neighs st

Cause of Death, First (Primary,) Congestion of Lungs.

Second (Immediate,) 2 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

J. H. Hanck M. D.
Medical Attendant.

Place of Burial, Green Mount

Date of Burial, April 7th 1875

Undertaker, Henry H. Mears *Address* 95 E. Baltimore st

Place of Business, 64 N Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2058

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 75 —

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate G. Linton

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford County

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 161 N Exeter St.

Cause of Death, First (Primary,) Phthisis.

Second (Immediate,)

Duration of Last Sickness, Two years —

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, April 8 12 Oclock

Undertaker, Geo. C Rodenmayer

Place of Business, 38 Eutaw St

Address 133 N Eutaw St

Ino. A. Henson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2059.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 5 1/2 Oclock April 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Saml R. McElwee

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 45 *Years.* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Policeman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number.} 40 Eutaw Street

Cause of Death, First (Primary,) Suicide by shooting himself in

Second (Immediate,) the left breast and in the right temple.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, April 7 3 Oclock

Undertaker, George C Rodenmayer

Place of Business, 38 Eutaw St

M. V. Dorsey M. D.
Coroner
Medical Attendant.

Address 98 Lee Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 6 1875 BALTIMORE

Permit No. 2060

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Rebecca Cecil

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 66 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line} Widow - Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Caroline Co. Md.

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 277 William St Baltimore

Cause of Death, {First (Primary,) Apoplexy

{Second (Immediate,)

Duration of Last Sickness, 9 or 10 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 6. 1875

{*Undertaker,* Armstrong & Penny

{*Place of Business,* 163 Light St

F. W. Hillenbeyer M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2041,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 6 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Peter Prospel

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. }

Age, *Years,* 5 *Months,* 5 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } B City

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number. } 167 Race st

Cause of Death, { First (Primary,) Dry Capilar

Second (Immediate,)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 6th 1875

{ *Undertaker,* John S Mackie

Place of Business, No 150 Eastern Av

Jas Hunny M. D.
Medical Attendant.

Address 76 Race st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 2912.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cornelius M Ironmonger

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White *Sex,* male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} # 2 N Paca St Balt

Cause of Death, {First (Primary,) Diarrhoea & Sum Colic
Second (Immediate,) Consumption Pulmonary

Duration of Last Sickness, Six months confined to the house

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 7th 1875

M Hammond M. D.
Medical Attendant.

{*Undertaker,* Jacob Weaver *Address* 5-9 N Paca St
{*Place of Business,* No 4 and 6 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 5 BALTIMORE

Permit No. 2063,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Nelson

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 1 *Years,* 9 *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 162 Tyson St.

Cause of Death, { First (Primary,) Stomatitis - ulcerous - { Second (Immediate,) Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetry *M. D.*

Date of Burial, April 5th 1875 Medical Attendant.

{ *Undertaker,* Wm. H. Bunger *Address* 89 N Green St.

{ *Place of Business,* 1610 East St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2064

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amba Smith

~~*Sex, Male*~~ or *Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, black *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} maryland

Duration of Residence in the City of Baltimore, 28 yrs

Place of Death, {Give street and number.} 62 Canal alley Dfs. Jenkins alley

Cause of Death, {First (Primary,) Uterine Hemorrhage, in Confinement

Second (Immediate.)

Duration of Last Sickness, seven days

All the above information should be furnished by the Physician.

Place of Burial, Levee Cemetary

Date of Burial, Apr 6 1875

{*Undertaker,* William V Bonger

Place of Business, No 104

G L Tanyhill M. D.
Medical Attendant.

Address 129 N Biddle St
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT RECEIVED APR 6 1875 BALTIMORE

Permit No. 2065

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Jurge ~~Liddy~~ Risinger

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} .....

Age, 40 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, {Give street and number.} Washington University Hospital

Cause of Death, {First (Primary,)} Concussion of brain

{Second (Immediate.)} Effusion into Arachnoid

Duration of Last Sickness, 11 days.

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Gr 2nd Geo. R. Reynolds M. D.
Medical Attendant.

Date of Burial, April 6th 1875

Undertaker, Wm. Schultheis *Address* Washington Ward

Place of Business, 261 East Monument Street Cor Calvert & Saratoga
Between Caroline & Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2088

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Diamond

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 22 *Years,* 1 *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Blacksmith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lancaster Co. Virginia

Duration of Residence in the City of Baltimore, 14 days.

Place of Death, {Give street and number.} 165 S. Regester St.

Cause of Death, {First (Primary,) Inflammation of the Bowels

Second (Immediate,)

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 6th 1875

{*Undertaker,* William H Lungen

Place of Business, No 104 East St

C. Edward Miller M. D.

Medical Attendant.

Address 143 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS,

HEALTH DEPARTMENT
APR
1875
BALTIMORE

Permit No. 2067.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Columbus Markell Johnson

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* 5 *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~Since~~ born Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Watson St

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 6th 1875

{ *Undertaker,* Wm H. Duncan
Place of Business, 116 East 2d

Geo S Kinnamon M. D.
Medical Attendant.

Address 73 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2068

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Silvio Tamberin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~unknown~~ 33 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Balt Infirmary Lombard & Green Sts

Cause of Death, {First (Primary,) Wound of the left Lung.
Second (Immediate,)

Duration of Last Sickness, 18 days.

All the above information should be furnished by the Physician.

Place of Burial, Saint Peters, Cemetry Catholick

Date of Burial, April 6th 1875

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore St.

T. A. Ashby M. D.
Medical Attendant.

Address Balt Infirmary.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT

Permit No. 2069

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Baltimore April 4th 1870

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Easter

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 16 *Years,* Eleven *Months,* Twenty four *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, nothing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, 16 years and 11 months 24 days

Place of Death, {Give street and number.} Davis St. No 63

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Hydrothap

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetary

Date of Burial, 5 April

Undertaker, James H Davis

Place of Business, No 12 Saratoga st *Address* Baltimore Md

J. P. Dyer *M. D.*
Medical Attendant.
Hill st No 146

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2070

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Ruzicka

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, five Months, Seven Days.

Color, White Sex, male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 8 Point Lane

Cause of Death, First (Primary,) Capillary Bronchitis

Second (Immediate,) Exhaustion

Duration of Last Sickness, about three days

All the above information should be furnished by the Physician.

Place of Burial, St Ofmans C.

Date of Burial, April 6th 1875

C. F. Trautman M. D.

Medical Attendant.

Undertaker, Henry Hecht

Place of Business, 309 Central Ave Address No 187 E. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2071

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Hauby

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* — *Months,* 11 *Days.*

Color, White *Sex,* male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Butcher Street

Cause of Death, First (Primary,) ———

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Ch

Date of Burial, April 6th 1875

Undertaker, Parents

Place of Business, ———

James A Steuart M. D.

Comm'rs of Health &

Address Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information from Martin Hauby - Parent - [OVER.

Board of Health, City of Baltimore,

Permit No. 2072

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Engels

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* 0 *Months,* *Days.*

Color, white *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 13 years

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} 322 Alice Ann St.

Cause of Death, {First (Primary,) Puerperium
Second (Immediate.) Metritis

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem. E. Heid M. D.

Date of Burial, April 7th Medical Attendant.

Undertaker, H. Diffel

Place of Business, South Bond st. *Address* 102 S. Bond St. 151

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2078

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretta Bohm

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 43 *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and number.} 69 N. Wolf St.

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, 11 Months

All the above information should be furnished by the Physician.

Place of Burial, N. Westminster Bury C. Edward Miller M. D.

Date of Burial, April 7th, Medical Attendant.

{*Undertaker,* H. Dipple

{*Place of Business,* Scott Bond st 157 *Address* 143 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2074

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 3 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew P Hughes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 44 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Glass Blower

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore, 6 yrs.

Place of Death, {Give street and number.} 302 Cross

Cause of Death, {First (Primary,) Phthisis Pulmonalis
Second (Immediate,)

Duration of Last Sickness, 14 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery J. N. Webster M. D.

Date of Burial, April 7 1875 Medical Attendant.

Undertaker, C F Krause

Place of Business, 209 Hanover St *Address* 57 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT. APR 6 1875 BALTIMORE

Permit No. 2175

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Bowman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Years, 8 Months, 10 Days.

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifelong

Place of Death, {Give street and number.} 343 Orleans St

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery J. Webster Cottell M. D.

Medical Attendant.

Date of Burial, April 8th/75

Undertaker, Geo Schilling *Address*

Place of Business, No 212 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

1

Permit No. 2076

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Defford

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, white *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Mechanic

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany - 28 years in US Balto

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} 21 Little Mc Elderry

Cause of Death, First (Primary,) Suicide by stab in left Lung

Second (Immediate,) Internal hemorrhage

Duration of Last Sickness, 4 hours

All the above Information should be furnished by the Physician.

Place of Burial, ~~Potter Field~~ M. Richards Brogan

Date of Burial, April 6th 1875

Undertaker, W. Donovan

Place of Business, 4 Bank St

Edmund R Walker M. D.
Medical Attendant.

Coron N. O. Dist

Address 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2077

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Severine (Severine)

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 27 *Years,* 4 *Months,* 15 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Slate Miner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number.} 41 S. 286½ S. Conc

Cause of Death, First (Primary,) Typhoid Pneumonia

Second (Immediate,)

Duration of Last Sickness, 11 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, April 8th 1875

Henry Arnold M. D.
Medical Attendant.

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR. 1895 BALTIMORE.

Permit No. 2078

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5 /95

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander McPherson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* ____ *Months,* 2 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 11 months

Place of Death, {Give street and number.} 196 S. Caroline

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Apr 7th

Undertaker, Hughes Bro & Co

Place of Business, 65 S Broadway *Address*

Abram McFaudes *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2079

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 6. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Ann Hollingshead

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 31 Years. 4 Months, Days.

Color, White Sex, Female

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 31 years and four months

Place of Death, {Give street and number.} 11 E. Monument st.

Cause of Death, {First (Primary,) Cancer of Womb

Second (Immediate.) about 2 years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 7. 3 O'Clock

Undertaker, George C Rodenmyer *Address* # 305 N. Caroline st.

Place of Business, 98 Eutaw st

Geo. A. Hartman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2080

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 7th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Morris

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 22 *Years,* *Months,* *Days.*

Color, (b) *Sex,* Female

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 22 years

Place of Death, { Give street and number. } 109 St James St.

Cause of Death, { First (Primary,) Ostitis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 7 1875.

Undertaker, J S M Chase

Place of Business, 196 ½ Howard St. Address

David Streett M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2081

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susannah Brashears.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 75 Years, ____ Months, ____ Days.

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Fifty years.

Place of Death, {Give street and number.} 162 Germain St.

Cause of Death, {First (Primary,) Chronic Bronchitis

Second (Immediate.) Serous Effusion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet, C. M. D. Medical Attendant.

Date of Burial, April 7th 3 o'clock

Undertaker, J. B. Blackiston & Son *Address* 166 W. Fayette St.

Place of Business, West Balto St 606

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2082

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Veronica Shields

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 7 *Months,* ..... *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, 2 years 7 Months

Place of Death, {Give street and number.} 22 Philpot Street

Cause of Death, {First (Primary,) Scarlet Fever

Second (Immediate.) Anemia

Duration of Last Sickness, Do not Know, as I saw the Babe just previous to death

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, April 7th 1875

Undertaker, Francis Cramer

Place of Business, No 279 Canton Avenue

James F. McShane M. D.
Medical Attendant.

Address 254 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2083.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. Fredk Bowers.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~17 days~~, *Years,* *Months,* 17 *Days.*

Color, White.

Sex, Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 71 Earl. Monument St.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 71 Earl. Monument St.

Cause of Death, {First (Primary,) / Second (Immediate.)} Erysipelas.

Duration of Last Sickness, Seven. (7) days.

All the above information should be furnished by the Physician.

Place of Burial, Alfonsis Cemetery. W. C. Van Bibber M. D.
Medical Attendant.

Date of Burial, Apl 8

Undertaker, J. H. Rhodemyer *Address* 47 Franklin St

Place of Business, Cor Greenmount & Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2084

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apl 5 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} D. Young & Amelia Young

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* one *Days.* two

Color, ____ *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} N.W. Corn Pa Ave & Mosher St

Cause of Death, First (Primary,) ____

Second (Immediate,) Convulsions

Duration of Last Sickness, One hour

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery Geo H. Abey M. D.

Date of Burial, April 2nd 1875 Medical Attendant.

Undertaker, Andrew Leck

Place of Business, 1182 Rud Ave *Address* 102 Mosher St Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2185

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Richard Jackson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 10 *Months,* ____ *Days.*

Color, Colored *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 10 months

Place of Death, {Give street and number.} 17 Orchard St

Cause of Death, First (Primary,) Catarrhal Bronchitis

Second (Immediate,) Pulmonary Collapse

Duration of Last Sickness, About ten days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 7th 1875

Undertaker, Wm. James Gray

Place of Business, 65 Hanover St.

H. E. Atkinson M. D.
Medical Attendant.

Address 209 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2086.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Martin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Union Protst Infirmary

Cause of Death, {First (Primary,) Consumption / Second (Immediate,)}

Duration of Last Sickness, one Year

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, ~~April~~ 7th

{*Undertaker,* Andrew Leitz *Address* 93 Wooster St
Place of Business, 118 Druid H. St

Chas Fawcett, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. ✱2087

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin Willis

~~*Sex,*~~ *Male* ~~*or Female.*~~ {Cross out the word not required in this line.}

Age, 90 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Farm Hand

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co Maryland

Duration of Residence in the City of Baltimore, two years

Place of Death, {Give street and number.} 113 Sarah Ann st

Cause of Death, {First (Primary,) Old Age
Second (Immediate,) Genral Debility

Duration of Last Sickness, Four Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, April 8th

{*Undertaker,* John B. Williams
Place of Business, 167 Lee st

Frank Gamon M. D.
Medical Attendant.

Address 57. N Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2088

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Dentwist

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} ...

Age, ——— *Years,* ——— *Months,* 8 *Days.*

Color, Black *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 200 West Street

Cause of Death, {First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery M. D.

Date of Burial, April 7th 1875

{*Undertaker,* S. W. Chase commr of Health &

{*Place of Business,* S. Howard St *Address* Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Juliet Johnson Midwife
& S. W. Chase — Undertaker

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2089

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 7" 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella Arabstrong

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 4 *Months,* 6 *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. city L. Point

Duration of Residence in the City of Baltimore, during Life time

Place of Death, {Give street and number.} Locust Point Balto. city Andrew St #4

Cause of Death, {First (Primary,) / Second (Immediate.)} Scarlatina Maligna 3.6 hs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, O Cathedral

Date of Burial, April 8 & 9 Block A. R. W. Mansfield *M. D.*

Medical Attendant.

Undertaker, Porge 6 Rodeman agt.

Place of Business, 38 Eutaw 422 *Address* 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish to the Undertaker or other person or persons superintending the burial, a Certificate within forty-eight hours after the death, setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2090

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Berlau

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* . *Months,* 1 *Days.*

Color, White ~~Sex,~~

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 33 Goodmans al S. Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 33 Goodmans al S. Baltimore

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Effusion on brain.

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, April 8th 1875

J. B. Smith M. D.
Medical Attendant.

Undertaker, Julius Koehler *Address* 108 S. Sharp St.

Place of Business, Cor Sharp & Cross sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2091

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary Cullinane

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 Months, 7 Days.

Color, White Sex, Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 7 days

Place of Death, {Give street and number.} Little Thomas Street Islands Neonatorum

Cause of Death, { First (Primary,) / Second (Immediate.) }

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Louis R.C. Cemetery

Date of Burial, April 8.

Undertaker, H. Bahrn

Place of Business, 36. Thames St.

James F. McShane M. D.
Medical Attendant.

Address 254 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2092

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George D Wander jr

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 2 *Months,* 20. *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Salesman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, resided all his life here.

Place of Death, {Give street and number.} 478 Baltimore st.

Cause of Death, First (Primary,) Killed on Elevator

Second (Immediate,) accidental.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Apl. 8. th

Undertaker, J B Cook

Place of Business, No 707 W Baltimore Street

Geo G Ogle Coroner M. D.
Medical Attendant.

Address 229 Cary st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2093

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 4

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John S Lowry

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} Balt. Infirmary

Cause of Death, {First (Primary,) / Second (Immediate,)} Cystitis

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, April 6th 1875

{*Undertaker,* James P Byrne / *Place of Business,* No 63 N Front St} *Address* Balt Infirmary

T A Ashby M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2094

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha N. Bentley

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, three *Years,* four *Months,* *Days.*

Color, White *Sex,* female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during all its life

Place of Death, {Give street and number.} 277 S. Paca St

Cause of Death, First (Primary,) Billious remittent fever

Second (Immediate,) Internal Convulsions

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery. Jno. E. Baltzell *M. D.*

Medical Attendant.

Date of Burial, April 8th

Undertaker, Wm. J. Tickner

Place of Business, 65. S. Eutaw St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2095

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Lewis L Berenger

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 66 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Printer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co:

Duration of Residence in the City of Baltimore, 66 years

Place of Death, {Give street and number.} 288 Saratoga St.

Cause of Death, First (Primary,) Bright's Disease

Second (Immediate,)

Duration of Last Sickness, several years

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Cemetery Jr. W. Miltenberger M.D.

Date of Burial, April 8th 1875 Medical Attendant.

Undertaker, Jno H Weaver *Address*

Place of Business, Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2096

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Howard Randolph Morgan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 7 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 2 years 7 months

Place of Death, {Give street and number.} 96 N. Appleton St.

Cause of Death, First (Primary,) Diptheria

Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Cemetery

Date of Burial, April 9th 1875

Undertaker, John A Mackin

Place of Business, No 150 Canden St

H. A. McManus M. D.
Medical Attendant.

Address 258 N. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2097

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 6th 11¾ o'c A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel M. Rose

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 69 Years, 3 Months, 26 Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Inspector Laurel Iron Works Locust Point

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 69 Y. 3 m. 26 d.

Place of Death, {Give street and number.} Corner Eutaw Place and Monument Sts

Cause of Death, First (Primary,) Hemorrhagic Apoplexy.

Second (Immediate,)

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery Pembroke Hl. Wembley. M. D.

Medical Attendant.

Date of Burial, April 8th 1875

Undertaker, John S Mosher

Place of Business, No 150 Eutaw St *Address* No 203 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2098.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Luke,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, *Sex,* Female,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, 5 years,

Place of Death, {Give street and number.} 93 Goodman, Al.

Cause of Death, {First (Primary,) Scarlet Fever.

Second (Immediate.) Five days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Friday. March 9th

{*Undertaker,* Julius Roehler

Place of Business, Corner Sharp & Cross Sts.

R. J. H. Tull M. D.
Medical Attendant.

Address 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2099

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Golden

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 11 *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Arundel County

Duration of Residence in the City of Baltimore, eight years

Place of Death, {Give street and number.} Calhoun Court.

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, Nearly 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 9th 1875

Undertaker, Wm H. Burgess

Place of Business, No 104 East, St *Address* Corner of Canty & Baltimore Sts

N D Chesley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2100

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April the 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} William Edward Snyder.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 9 Months, 25 Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 723 W Lombard st

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 723 W Lombard st

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 1 week.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 8

Undertaker, J B Cook

Place of Business, 707 W's Baltimore st *Address* 532 W Lombard st

Med'l Entered M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2101

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 27. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary Rosella Tatis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 6 *Months,* 3 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 210 South Eutaw St City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 210 South Eutaw St City

Cause of Death, {First (Primary,) Scarlet Fever

{Second (Immediate.) 3 Day

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, 8th April 1875

{*Undertaker,* Jas F Byrne

{*Place of Business,* 5 Gn Liberty st

J Shutty, M. D.
Medical Attendant.

Address No 210 South Eut St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2102

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Walker

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 314 William st

Cause of Death, {First (Primary,) Typhoid Pneumonia
Second (Immediate,)

Duration of Last Sickness, 6 day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 9th

{*Undertaker,* Fredk. R. Frolk
{*Place of Business,* 90 S. Howard

Geo. H. Benson M. D.
Medical Attendant.

Address 111 Hanover st Balto City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2103

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fanny Solem

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 7 *Days.*

Color, Brown *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 175 West St.

Cause of Death, {First (Primary,) Convulsions

{Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 9 1875

{*Undertaker,* I. H. Chase

{*Place of Business,* No 192½ Howard St

R. M. Hall M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 8 1875 BALTIMORE

Permit No. 2104

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8th of April

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theodore Kroetzer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} ~~white~~

Age, 65 *Years,* ~~Dots~~ *Months,* unknown *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Braunschweig. About 40 years

Duration of Residence in the City of Baltimore, Don't know

Place of Death, {Give street and number.} Marion Street 33

Cause of Death, First (Primary,) Gastroenteritis

Second (Immediate.) Exhaustion.

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 9th of April

Undertaker, Trunkel & (Conrad)

Place of Business, Con Park & Fayette *Address* 224 W Fayette Street

A F. Reinhard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 8 1875 BALTIMORE.

Permit No. 2105

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie H. Lingenald

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* 3 *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Child

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 161 South Broadway

Cause of Death, First (Primary,) Pneumonia

Second (Immediate.) Croup

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery A Siegenberger M. D.

Date of Burial, April 9th Medical Attendant.

Undertaker, George Heck

Place of Business, No. 24. S. Eden St *Address* 117 E Baltimore St

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 8 1875 BALTIMORE

Permit No. 2106

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death, or said decease, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel H Rueckle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 104 Hamburg

Cause of Death, { First (Primary,) Scarlet fever

Second (Immediate.) 6 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery *H Whitehead* *M. D.*

Date of Burial, April 8 75 Medical Attendant.

{ *Undertaker,* Armstrong & Berry *Address*

{ *Place of Business,* 263 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 1875 BALTIMORE.

Permit No. 2107

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Dorr

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 71 *Years.* *Months,* *Days.*

Color, Col'd. *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 60 S. Carrollton av.

Cause of Death, {First (Primary,) / Second (Immediate,)} Endocarditis.

Duration of Last Sickness, 8 Wks — (under my care 11 days)

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Apl. 10th 1875

Undertaker, M. M. Lonard

Place of Business, 77 W. Balto. St.

J. W. C. Cindy. M. D.
Medical Attendant.

Address 363 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT APR 8 1875 BALTIMORE

Permit No. 2108

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Tobener

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 76 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Cabinet Maker (when in health)

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany —

Duration of Residence in the City of Baltimore, About 55 Years

Place of Death, {Give street and number.} 244 Wolfe St. Balto.

Cause of Death, First (Primary,) Softening of Brain

Second (Immediate,) Apoplexy

Duration of Last Sickness, Neuralgia for 6 years - Prostrated for the last 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 8th 1875

Undertaker, Jacob Weaver

Place of Business, No 496 Druid Hill Ave

L. D. Thomson M. D.
Medical Attendant.

Address 248 Madison Av. Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2109

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Weaver

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Sixty one *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Undertaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Sixty one years

Place of Death, {Give street and number.} 4 Druid Hill Avenue

Cause of Death, First (Primary,) Ulceration of Bladder Cystitis

Second (Immediate.) Protracted suppuration & typhoid symptoms

Duration of Last Sickness, nearly two years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, April 11th

Elias C Price M. D.
Medical Attendant.

Undertaker, Jno A Weaver

Place of Business, 22 W Fayette St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2110

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7th April 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Inez A Baily

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 8 *Months,* 12 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Norfolk Va

Duration of Residence in the City of Baltimore, 4 months.

Place of Death, {Give street and number.} 12 Hillen

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, April 9th 1875

Undertaker, Armstrong & Lenny

Place of Business, 663 Light St

H. H. Hebb M. D.
Medical Attendant.

Address 57 Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2111

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 9th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Benton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Boiler Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 110. Wash.

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,) 9 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park & Kerdon Cr't'n M. D.
Medical Attendant.

Date of Burial, April 12th 1875

{*Undertaker,* Thomas Conn *Address* 146 Hanover St

{*Place of Business,* 963 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2112

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 8th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Schaffer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Months, 8 Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 8 days

Place of Death, {Give street and number.} No. 60 King St.

Cause of Death, First (Primary,) Premature Birth

Second (Immediate.)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 9th April

Undertaker, Wm. Arnold

Place of Business, 35 N. Eutaw St

John G Womble M. D.
Medical Attendant.

Address 203 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2113

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 8th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Harrigan

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 60 — *Years,* *Months,* *Days.*

Color, Sex,

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore. about 49 yrs

Place of Death, {Give street and number.} 54 Mc Henry St.

Cause of Death, {First (Primary,) Organic Disease Heart.
{Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery J. H. Keller. M. D.
Medical Attendant.

Date of Burial, April 9th 1875

{*Undertaker,* A. Weidemayer *Address* 89 N. Greene St.
{*Place of Business,* 358 W Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 9 1875 BALTIMORE.

Permit No. 2114

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Abraham Troxell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 88 *Years,* 3 *Months,* 13 *Days.*

Color, White *Sex,* Married Widower

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Gettysburg 66 years

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 18 Oyston Street

Cause of Death, {First (Primary,) & Epilepsy + old age
Second (Immediate.)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, 10th April

{*Undertaker,* Jas Chalmers
Place of Business, Lee Avenue

J Wm Howard M. D.
Medical Attendant.

Address 228 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2115

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ida High

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 3 Months, 15 Days.

Color, White Sex, Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 19 Etting st Balto.

~~*Duration of Residence in the City of Baltimore,*~~

~~*Place of Death,*~~ {Give street and number.} Do

Cause of Death, {First (Primary,) Pneumonia

{~~Second (Immediate.)~~

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 9th 1875

Undertaker, L. L. Chalmers

Place of Business, Penn^a Ave *Address*

Jas. L. Fulton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2116

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Hartman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* 4 *Months,* 9 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Hack Driver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 56 S Oregon St

Cause of Death, {First (Primary,) Pulmonary Consumption
Second (Immediate,)

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 11th 1875

Undertaker, William Lenard

Place of Business, 11 Baltimore St.

L. J. Knight M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2117

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Hallie Mag

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Seven *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} 304 Mulberry St

Cause of Death, {First (Primary,) Scarlatina

{Second (Immediate.) Diphtheria

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Elias C. Price M. D.

Date of Burial, 9th of April Medical Attendant.

{*Undertaker,* W. C. Rammert.

{*Place of Business,* 317 Mulberry St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2118,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Wisher

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 21 *Years,* *Months,* *Days.*

Color, white *Sex,* female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number.} No 7 N. Washington st.

Cause of Death, {First, (Primary,) Puerperal fever

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Westminster Cemetery

Date of Burial. April 9th 75

Undertaker, A. Fowler

Place of Business, 244 E. Lombard *Address* 97 N. Broadway

Medical Attendant. Pierre G. Dausch M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2119.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 8th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Franz (Franz)

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 18 d *Years,* 2 *Months,* 1 *Days*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation, Butcher,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 33 S Schroeder St

Cause of Death, { First (Primary,) Phthisis Pulmonalis. Second (Immediate,) Sixteen Months.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 10th 1875

Undertaker, H. Weidemeyer

Place of Business, 578½ W. Baltimore St.

Wm. J. R. Boyd, M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2120

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Bertie Gwinder

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* — *Days.*

Color, white *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 6 High Street (North)

Cause of Death, First (Primary,) Asthenia

Second (Immediate,) "

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Trinity Ch. B.G.

Date of Burial, April 9th 1875

Undertaker, Chas Rossing

Place of Business, 136 East Fayette

James A Steuart M. D.
Commis of Health &
Registrar

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2121

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April ~~Month~~ 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Willie

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 30 Years, ~~2~~ Months, ~~Days.~~

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty Five Years

Place of Death, {Give street and number.} No 69. 1 Donell st. Canton

Cause of Death, {First (Primary,) Phthisis Pulmonalis,

{Second (Immediate.)

Duration of Last Sickness, Three Years

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel. Cem.

Date of Burial, March 10th 1875

{*Undertaker,* Michael France

{*Place of Business,* No 280 Canton ave

Thomas D. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2122

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas. Hopper

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 667 Lombard

Cause of Death, { First (Primary,) Whooping Cough & Pneumonia
Second (Immediate,) Spasms

Duration of Last Sickness, Several week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 10th 1875

James G. Smithers M. D.
Medical Attendant.

{*Undertaker,* Jos. Loane
Place of Business, 518 W. Balto St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2123,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April ~~14~~ 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary L. Kemp

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 9 *Years,* 4 *Months,* 13 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 720 Light St

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Albumenuria

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 11th 1875

Undertaker, Charles F. Herda

Place of Business, 161 Hanover st.

Address 146 Hanover St.

Thos Ford Cotton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2124

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Beulah E. Hildeman

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 405 Franklin St

Cause of Death, {First (Primary,) Scarlatina

Second (Immediate,) 14 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

H. B. Noble M. D.
Medical Attendant.

Place of Burial, Ind. Aux. Cemetery

Date of Burial, Apl. 9th at 3.0 P.M.

{*Undertaker,* Chas. A. Fowler

{*Place of Business,* No 520 W. Baltimore *Address* 17 Warren St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2125

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Hunter

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} ... *Days.*

Age, 29 *Years,* ... *Months,* ...

Color, white *Sex,* Male

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}, married

Occupation, Car Driver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 110 Scott Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Heart Disease

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery *James A Steuart* M. D.

Date of Burial, April 10th 75 Commis of Health & Registrar

{*Undertaker,* J. B. Cook *Address*

Place of Business, 11 Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Jerome Hunter (Brother) OVER.

Dr M. H. Donovan — Coroner

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2126.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 9 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Arnold

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 4 *Months,* 6 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} No 8 E Lombard.

Cause of Death, { First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County Hiram P. Arnold *M. D.*

Medical Attendant.

Date of Burial, 9 Apr

Undertaker, L. Rossiny *Address*

Place of Business, 136 E Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2127

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 9 1875 HEALTH DEPARTMENT BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 8th April 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Dempsey.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 5 Hawk St.

Cause of Death, {First (Primary,) Consumption.
Second (Immediate,)

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem Geo. J. Collins M. D.
Medical Attendant.

Date of Burial, April 10 1875

Undertaker, Jas A Byrne

Place of Business, 63 Front St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2128

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 9th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella M. Cluskey

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 1 *Years,* 6 *Months,* 9 *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Wilcox st — No 14

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Meningitis (Simple)

Duration of Last Sickness, 3 or 4 days

All the above information should be furnished by the Physician.

Place of Burial, Long green

Date of Burial, April 11th 1875

Undertaker, Jas P Byrne

Place of Business, 63 Front st

Jno Brooke Byrne M. D.
Medical Attendant.

Address 174 E Eager st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2129.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 8. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Miller

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 20. *Years,* 4. *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Baltimore

Place of Death, {Give street and number.} 665. Pennsylvania Ave.

Cause of Death, {First (Primary,) Miliar tuberculosa

Second (Immediate,)

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Laudon Park Cemetery.

Date of Burial, Sunday April 3d 1875 Dr. John M. P. Perrin & Dr. Cleiphan M. D. Medical Attendant.

Undertaker, Andrew Deeg *Address*

Place of Business, 118 Druid Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2130

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

ALDERMEN'S DEPARTMENT APR 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 8th. April 1875. 10½ o'clock at night.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabetha, Bohn

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 9 *Months,* 3 *Days.*

Color, White. *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give street and number.} S. Wolfe str. 58.

Cause of Death, First (Primary,) Scarlatina 1

Second (Immediate,) Meningitis acuta 1

Duration of Last Sickness, 2~~4~~ days.

All the above information should be furnished by the Physician.

Place of Burial, Emanuel G. Yard

Date of Burial, April. 10

Undertaker, L. Byer

Place of Business, 78. S. Broadway

William Hennel M. D.
Medical Attendant.

Address S. Wolfe str. 118.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 9 1875 BALTIMORE.

Permit No. 2131

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Friday April 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Virginia Fugett.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 27 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Alexandria Va.

Duration of Residence in the City of Baltimore, From March

Place of Death, {Give street and number.} Church Home & Infs' Hosp. Broadway

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate.)

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 10th 1875.

{*Undertaker,* Wm. Hickman

{*Place of Business* 234 N. Gay St.

Frank D'Garnie M. D.
Medical Attendant.

Address Church Home & Infs Hosp. N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2132

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPARTMENT APR 12 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death, and before the burial, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ramey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 13 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 55 O'Donnell St Baltimore

Duration of Residence in the City of Baltimore, 1 Y 1 M 13 D

Place of Death, {Give street and number.} No 55 O'Donnell St Balto

Cause of Death, {First (Primary,) Diphtheria
Second (Immediate.) Convulsions

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetary

Date of Burial, 11th of April

{*Undertaker,* John D. Lancaster
Place of Business, 39 East Pratt st Balto

E. Jones Williams M. D.
Medical Attendant.

Address No 38 East St Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 10 1895 BALTIMORE

Permit No. 2133,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Esther. C. Benson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 79 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

~~Married,~~ *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Upholsteress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Somerset Co. Md

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number.} 263 Light St

Cause of Death, {First (Primary,) Paralysis

{Second (Immediate.) Cerebral Apoplexy 1 Week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 10 1895.

{*Undertaker,* Armstrong & Denny

{*Place of Business,* 263 Light St

Geo. H. Benson M. D.
Medical Attendant.

Address 111 Hanover St Balto Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Death or Burial, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 15 1875 BALTIMORE

Permit No. 21324

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 7 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Pago

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 16 *Years,* — *Months,* 2 *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Sixteen yrs

Place of Death, {Give street and number.} 863 W. Baltimore st

Cause of Death, {First (Primary,) Consumption
Second (Immediate,)

Duration of Last Sickness, about 4 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 10 1875

{*Undertaker,* Armstrong & Sons
Place of Business, 263 Light st

Address 144 Hanover St

Leonard [illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 10 1875 BALTIMORE.

Permit No. 2135

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} J. Willis Bromwell.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 6 *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, 6 Y.

Place of Death, {Give street and number.} 128 Hamburg St.

Cause of Death, {First (Primary,) Second (Immediate,) Scarlet Fever. five days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Louden Park — R. J. H. Tall M. D.

Medical Attendant.

Date of Burial, April 12 1875

Undertaker, Armstrong & Denny *Address* 158 S. Sharp St.

Place of Business, 263 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2136.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, separately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 10 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Schneider

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 48 *Years,* 9 *Months,* 5 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Provision Dealer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty five Years.

Place of Death, {Give street and number.} No. 5-6 President St.

Cause of Death, {First (Primary,) Intestinal Obstruction. Second (Immediate.) Peritonitis

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park. *Louis W. Wright* M. D.

Date of Burial, April 11. Medical Attendant.

Undertaker, Peter Frey

Place of Business, 91 Eastern Ave *Address* 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Health Department of Baltimore, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 10 1875 RECEIVED

Permit No. 2137.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John Michael

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 *Days.*

Color, White *Sex,* male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 16 N. Durham Street

Cause of Death, {First (Primary,) / Second (Immediate.)} Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery — James A Slemmy M. D.

Date of Burial, April 10th 1875 — Member of Board of Health

{*Undertaker,* Wendelin Dispet — Commiss of Health / Registrar

Address

Place of Business, 153 S. Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Informant was John Michael (Father)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 10 1875 BALTIMORE

Permit No. 2138.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Jane Grindlayer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* 21 *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ballto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Madison St. between Ann & Broadway

Cause of Death, {First (Primary,) Congestion of Brain

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, April 10th 1875

{*Undertaker,* John Braun

{*Place of Business,* 77 Wolf St

James A Steuart M. D.

Committee of Health

Registrar

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by John Braun (Undertaker)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2139.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 10 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Jas. Handy.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 35 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, Driver of Street Rail Way Car

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Resided here all his life

Place of Death, {Give street and number.} 623 Light Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Run over by Locomotive Engine

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Wy Cemetery | Geo C Ogle Coronor M. D.

Date of Burial, April 11 | Medical Attendant.

Undertaker, S B Cook

Place of Business, N° 707 W Baltimore Address 229 Cary st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 10 1875 BALTIMORE.

Permit No. 2140

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8. 1875 "

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Tillett Jr.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 9 Months, 13 Days.

Color, Black *Sex,* Male

~~*Married*~~, *Single*, ~~Widow or Widower~~, {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 26 Gilbert Street. "

Cause of Death, {First (Primary,) Hydrocephalous. / Second (Immediate,) Congestion of Brain

Duration of Last Sickness, Five months. "

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, April 11

Undertaker, J B. Cook

Place of Business. No 707 West Baltimore Street

W. A B. Sellman M. D.
Medical Attendant.

Address Cor Laurale and Republican Sts. "

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 10 1878 BALTIMORE

Permit No. 2141

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Washington Davis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, 9 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} B City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 213 Bank st

Cause of Death, { First (Primary,) } 1 Hr — Birth —
{ Second (Immediate,) } Exanition

Duration of Last Sickness, 1 Hr

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, April 10th

{ *Undertaker,* J. B. Blackistone & Son
{ *Place of Business,* 606 W. Balt. st *Address*

Jas. H. Kenny *M. D.*
Medical Attendant.
76 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE

Permit No. 2142

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Saumenig

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 202 South st

Cause of Death, First (Primary,) Inflammation of Brain

Second (Immediate.)

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery Jas Henry *M. D.*

Medical Attendant.

Date of Burial, April 11th 1875

Undertaker, Jos. Lane *Address* 76 Stace

Place of Business, 568 W Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2143,

HEALTH DEPARTMENT APR 13 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Fiest

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 1 Yrs. *Years,* 6 *Months,* 3 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, Stone Mason,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany,

Duration of Residence in the City of Baltimore, Since 1871,

Place of Death, { Give street and number. } No 428 Saratoga st

Cause of Death, { First (Primary,) Phthisis Pulmonalis.
Second (Immediate,)

Duration of Last Sickness, 3 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem.

Date of Burial, the 11th of April

{ *Undertaker,* P. Kennard.
Place of Business, 311 Pratt

John. J. Chew M. D.
" Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT RECEIVED APR 19 1875 BALTIMORE.

Permit No. 21461

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Fanny C. Bowen

Date of Death, April 17th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fanny C. Bowen

~~*Sex, Male* or *Female,*~~ {Cross out the word not required in this line.} Female

Age, 20 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Providence R. I.

Duration of Residence in the City of Baltimore, Several months

Place of Death, {Give street and number.} No 15 Cathedral St.

Cause of Death, First (Primary,) Hæmatemesis

Second (Immediate.) Exhaustion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Providence R I — Family Lot

Date of Burial, —

Undertaker, Hyde Watkins & Son

Place of Business, 16 Light St.

Henry Lee M. D.
Medical Attendant

Address —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

~~Death or Stillbirth~~

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 10 1875 BALTIMORE

Permit No. 2145

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Schreiber

~~Sex, Male or Female,~~ {Cross out the word not required in this line.}

Age, 67 67 *Years,* *Months,* *Days.*

Color, White white *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Franklinburg Penna

Duration of Residence in the City of Baltimore, 22 Yrs

Place of Death, {Give street and number.} 303 East ave.

Cause of Death, {First (Primary,) old age
Second (Immediate,)

Duration of Last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery R. W. Mansfield *M. D.*
Medical Attendant.

Date of Burial, April 11th 1875

Undertaker, E. Schuster 214 Eastern Ave *Address* 117 S. Broadway

Place of Business, 303 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2146,

HEALTH DEPARTMENT APR 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Ander Baily

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 9 *Months,* 15 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Norfolk, Va

Duration of Residence in the City of Baltimore, Since birth,

Place of Death, {Give street and number.} No 22 Hill st

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) ____

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmell

Date of Burial, April 11th 2 Oclock

H. M. Webster M. D.
Medical Attendant.

{*Undertaker,* Armstrong & Deaver
Place of Business, No 263 Light st

Address 57 Barnet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 2147

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 10 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Lauterbach

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 3 *Days.*

Color, white *Sex,* male

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 74 Lancaster St

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Schlagels B. G

Date of Burial, April 11th 1875

{*Undertaker* In. C. Schuh / *Place of Business,* Attendant}

Edward Stewart M. D.
Medical Attendant
Comm'r of Health &
Registrar
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Kuhn Lauterbach Father

[OVER.

Board of Health, City of Baltimore,

Permit No. 2148, OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 10 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Jane Chamberlain

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* 23 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Keeper of her own house

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Chester City Md.

Duration of Residence in the City of Baltimore, about sixty years

Place of Death, {Give street and number.} 183 Caroline St Baltimore

Cause of Death, First (Primary,) Apoplexia

Second (Immediate,) Paralysis

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 11 1875

Undertaker, Murphy

Place of Business, 54 N Broadway *Address*

Curt. Hopson *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2149

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Tobitha Joy

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, Eighty *Years,* ~~~~ *Months,* ~~~~ *Days.*

Color, Black *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No. 20 Jackson Square avenue

Cause of Death, First (Primary,) Hypertrophy of the Heart

Second (Immediate.) Dropsy

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Lorril cemetry

Date of Burial, 11 April 1875

Undertaker, John H. Lake

Place of Business, 653 Wolf st

Thomas B. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2150

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 9th April 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Bentley

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* — *Days.*

Color, Mulatto ~~Sex,~~ Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Easton Md

Duration of Residence in the City of Baltimore, 10 years.

Place of Death, {Give street and number.} 78 Camel Alley

Cause of Death, {First (Primary,) "Consumption"
Second (Immediate,)

Duration of Last Sickness, 2½ years.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 11 1875

{*Undertaker,* J H Chase
Place of Business, No 198 Howard St *Address*

J. W. Chinn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2151

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1875

Full Name of Deceased, {Write legibly, and spell correctly. If an infant not named, give names of parents.} Alexander Stevens

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 8. *Years.* — *Months.* — *Days.*

Color, Colored *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co. Md

Duration of Residence in the City of Baltimore, 4 Years —

Place of Death, {Give street and number.} 99 Plumb. Alley

Cause of Death, {First (Primary,) Said to have been Intermittent Fever —
Second (Immediate,) Dropsy —

Duration of Last Sickness, about six Weeks —

All the above information should be furnished by the Physician.

Place of Burial, Shaw's Cemetery

Date of Burial, April 11 1875

Undertaker, I N Chase

Place of Business, No 178 Howard St

J Harvey Hill M. D.
Medical Attendant.

Address 90 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2152

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elmora Jones

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 8 *Years,* 10 *Months,* *Days.*

Color, Black *Sex,* Female.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 225 Dover St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate.) Exhaustion

Duration of Last Sickness, about 12 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, April 11 1875

Undertaker, H. W. Chase

Place of Business, No 198 Howard

M. Cullen M. D.
Medical Attendant.

Address 260 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2153.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 9th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella V. Ross

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.} Female

Age, — Years, 4 Months, — Days.

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 4 Lester Ch.

Cause of Death, {First (Primary,) Congestion of Brain

Second (Immediate,) 2. days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *Medical Attendant* Thos Ford M. D.

Date of Burial, April 11 1875

Undertaker, H S M Chase *Address* 146 Hanover St

Place of Business, No 178 S Howard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2154.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 8th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Lewis Palmer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Fifteen (15) *Years,* *Months,* *Days.*

Color, African, *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, about ten years

Place of Death, {Give street and number.} # 35 Burgundy Alley

Cause of Death, First (Primary,) Consumption.

Second (Immediate.)

Duration of Last Sickness, two months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 11 1875

Undertaker, F H Case

Place of Business, No 190 Howard St

J. B. White M. D.
Medical Attendant.

Address Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2155

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Saturday Morn 1 Oct. April 10. 75.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mathew Roberson

~~*Sex, Male or Female,*~~ {Cross out the words not required in this line.} male

Age, 2 *Years,* — *Months,* — *Days.*

Color, Mulatto *Sex,* male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City Balto Co. Md

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 108 Raborg East of Fremont Gate

Cause of Death, {First (Primary,) Concussion of Brain

Second (Immediate,)

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Harpoth cemetery Lewis M Eastman M. D.

Medical Attendant.

Date of Burial, April 11th 1875

{*Undertaker,* Wm Jones Gray Address 849 W Lexington St

{*Place of Business,* 65 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2156

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April (10) Tenth

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Louisa Elderdice

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Fifty three Years, Two Months, Twenty four Days.

Color, White, *Sex,* Female,

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.} Widow,

~~*Occupation,*~~ Lady,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimor City,

Duration of Residence in the City of Baltimore, Life (6) years,

Place of Death, {Give street and number.} No 15 McHenry Street

Cause of Death, First (Primary,) Valvular disease of heart with Angina Pectoris,

Second (Immediate,) Want of heats action from debility &c.

Duration of Last Sickness, Three Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, April 12th 1875

{*Undertaker,* John L Thacher

Place of Business, No 150 Camden

Resd. & Attd. Fam'y Edmund Elderdice M. D.
Medical Attendant

Address 366 W. Fremont & 15 McHenry Alley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 2457.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis A. Bean

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Twelve Years, Ten Months, Days.

Color, White Sex, Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, School girl

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carroll Co. Md.

Duration of Residence in the City of Baltimore, Her Years

Place of Death, {Give street and number.} 120 Penna Ave. Upstairs

Cause of Death, First (Primary,) Peritonitis 7 Days

Second (Immediate,)

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 12th 1875

Undertaker, Chas. T. Scriven

Place of Business, 211 N. Eutaw St

Geo. H. Lewis M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7158.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edwin Lawrence Carriker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 2 Month *Days.*

Color, White *Sex,* Males

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Arundel Co. Md

Duration of Residence in the City of Baltimore, One month

Place of Death, {Give street and number.} 132 Dolphin St.

Cause of Death, First (Primary,) Catarrhal Pneumonia

Second (Immediate,) Asthenia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Leadenhall

Date of Burial, April 11th

Undertaker, C. Feiser

Place of Business, 211 N Eutaw St

Geo. D. Penn M. D.
Medical Attendant.

Address 226 Hiff

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2159

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 10,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Parks

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 7 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his Life

Place of Death, {Give street and number.} 325 William St

Cause of Death, {First (Primary,) Dentition

{Second (Immediate,) Congestion of Lungs

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, April 11th 1875

Undertaker, [redacted]

Place of Business, 203 Light St

Address 14 C Hanover

Theodore Gatch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2160

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 10. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ambrose S. Mooney

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, ____ *Years,* ____ *Months,* 16 *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 257 Light St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, April 11. 1875

Undertaker, Armistead Dunn

Place of Business, 262 Light St

James H. Steuart M. D.

~~Medical Attendant.~~ Coroner of Health

Address 28 Holliday St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information from Undertaker

Board of Health, City of Baltimore,

Permit No. 2061

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Haywood

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months.* *Days.*

Color, Brown *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cooking

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Drummontown Va

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} No 87 Aliceu St

Cause of Death, First (Primary,) Bronchitis Chronic

Second (Immediate,) Bronchitis Acute

Duration of Last Sickness, Ten (10) days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetry

Date of Burial, April 11th 1875

Undertaker, Wm. H. Burgee

Place of Business, No 104 East St

N. G. Keirle M. D.

Medical Attendant.

Address 74 N. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2162.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wesley Banister

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* Six *Months,* Twenty two *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Twenty six Stockton all

Duration of Residence in the City of Baltimore, Six Month & twenty two days

Place of Death, {Give street and number.} 26 Stockton all

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Hydrocephaloid

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetry

Date of Burial, April 12th - 1875

{*Undertaker,* Wm M. Burgee

Place of Business, No 104 East st

Med Institute M. D.
Medical Attendant.

Address 572 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2163.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Apr 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Wm M. Reardon

Sex, Male or Female, {Cross on the word not required in this line.} male

Age, 30 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, Physician

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Norfolk Va

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} 207 Cardy

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, This April 12th 1875

Undertaker, W. Jenkins & Son

Place of Business, 16 Light St *Address*

F. E. Shattuck Jr *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

~~State of Maryland, City of Baltimore,~~

Permit No. 2164

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georgeanna Hollins

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 20 Years, Months, Days.

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widowed, Widower,*~~ {Cross out the words not required in this line.} Single

~~*Occupation,*~~ None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} At 271 East Pratt st

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 12. 1875

{*Undertaker,* Mathias A. Dayer

{*Place of Business,* 74 S. Broadway

Thomas D. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2165

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Hollins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Union Protestant Infirmary

Cause of Death, First (Primary,) Intemperance

Second (Immediate,) Congestion of the Lungs

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Burying Ground Chas Fawcett M. D.

Medical Attendant.

Date of Burial, April 12th

Undertaker, Jno H Weaver *Address* 43 Mosher St

Place of Business, Fayette St Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2166

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary L. Legg

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, 4 *Months,* 7 *Days.* *Years,*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} B City life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 110 Ramsay st

Cause of Death, { First (Primary,) Marasmus

Second (Immediate,) life

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 13th 1875

{ *Undertaker,* John S Thacher

Place of Business, N 150 Camden *Address*

Jos H Emmy M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. ~~2~~ 2167

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 9th April 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Bell

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 62 Middleway Alley

Cause of Death, { First (Primary,) Asthma
Second (Immediate,) Organic Disease of Heart.

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 12th 1875.

Undertaker, Wm. Hickman.

Place of Business, No 2341 Jay D

Wm. L. Russell M. D.
Medical Attendant.

Address 1 Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2168.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 10th of April 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter V. Perkins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 11 *Years,* 7 *Months,* *Days.*

Color, *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 260 S. Exeter

Cause of Death, First (Primary,)

Second (Immediate.) Malignant Scarlet fever

Duration of Last Sickness, 18 hours

All the above information should be furnished by the Physician.

Place of Burial, Cath Cem. Wm Whitman M. D.

Medical Attendant.

Date of Burial, April 12th 1875

Undertaker, Jos F. Byrne

Place of Business, 69 n Liberty St Address 120 Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2169

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Daniel Gilroy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Three *Years,* Seven *Months,* Three *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Since birth

Place of Death, {Give street and number.} No. 551 Pennsylvania Avenue

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Albuminuria

Duration of Last Sickness, Four weeks & five days

All the above information should be furnished by the Physician.

Place of Burial, Cath Cem

Date of Burial, April 12th 1875

Undertaker, Jos S Byrne

Place of Business, 57 N Liberty St

Silas Baldwin M. D.
Medical Attendant.

Address 152 Townsend St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2170.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 11th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph T. M^c^Manus

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 0 *Years,* 0 *Months,* 12 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and number.} No 62 Bruce st

Cause of Death, {First (Primary,) Cold / Second (Immediate,) Catarrh

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, April 12 1875

Undertaker, James D Byrne

Place of Business, No 630 N Front st

Jno. Brooke Boyle M. D.
Medical Attendant.

Address 174 E Eager st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2171

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James B Mitchell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 71 S. Bond St

Cause of Death, First (Primary,) Congestion of Lungs

Second (Immediate,)

Duration of Last Sickness, 4 hr

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 11 at 2 P M

{*Undertaker,* Richard Hall

Place of Business, 133 East Baltimore

P L Zimmerman *M. D.*
Medical Attendant.

Address 73 East Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2172

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE

Date of Death, April 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Lydia McA[illegible]

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maine

Duration of Residence in the City of Baltimore, about Six years

Place of Death, {Give street and number.} 241 McElderry's Court

Cause of Death, {First (Primary,) Lung Fever

{Second (Immediate,) Pulmonary Consumption

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, April 12th 1875

Undertaker, Jacob Weaver Jr. Address Main Ward

Place of Business, No 496 Druid Hill Ave

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2173.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE.

Date of Death, April 11th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Wm. E. Lamdin

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 4 *Years,* *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ~~Sex~~, Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Burlington N. C.

Duration of Residence in the City of Baltimore, Four (4) years

Place of Death, { Give street and number. } 244 Eutaw St.

Cause of Death, { First (Primary,) Cerebro-Spinal Meningitis
Second (Immediate,) Convulsions

Duration of Last Sickness, About eight (8) hrs

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, April 13th

{ *Undertaker,* Hughes Bro
{ *Place of Business,* 65 & 81 Broadway *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2174

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 11th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } David ~~Engineer~~ Fraser

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 63 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Engineer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Perthshire Scotland

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, { Give street and number. } 211 Saratoga St

Cause of Death, { First (Primary,) / Second (Immediate,) } Sub acute inflammation of Brain

Duration of Last Sickness, 30 days

All the above information should be furnished by the Physician.

Place of Burial, Lutz Cemetery

Date of Burial, April 13th

Undertaker, Wm. J. Tipper

Place of Business, 65 S. Eutaw St

Jas. Hanny *M. D.*
Medical Attendant.

Address 76 Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2175

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11th April 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christina Kruth

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, ~~Single~~ Widow ~~or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and number.} 298 N Bond st

Cause of Death, {First (Primary,) Asthma
Second (Immediate,) Heart-disease

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus.

Date of Burial, April 13th

{*Undertaker,* George. Siegler.
Place of Business, No. 6 Angle Alley

Wm. G. Runge M. D.
Medical Attendant.

Address 1 Broadway & Madison st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. ~~29~~ 2176

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adam Schroeder

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Not Known

Place of Death, {Give street and number.} Balt Infirmary Lombard & Green sts

Cause of Death, {First (Primary,) Heart Disease
Second (Immediate,) Five days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, April 12th 1875

Undertaker, Julius Koehler *Address* Balt. Infirmary

Place of Business, Cor Sharp & Cross st

T. A. Ashby M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2177

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apl 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Mary Geisingöttn

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number.} St Josephs Hospital

Cause of Death, First (Primary,) Fatty Heart —

Second (Immediate,) Syncope —

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Alphonsus Oscar J Cistern M. D. Medical Attendant.

Date of Burial, April 13th 1875

Undertaker, Henry Stock *Address* St Josephs Hospital

Place of Business, 304 Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2178.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12 Oclock M. April 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Robinson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 17 *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bay View Asylum, Baltimore Co

Duration of Residence in the City of Baltimore, 15 Months

Place of Death, {Give street and number.} 6 Selden alley

Cause of Death, First (Primary,)

Second (Immediate.) Convulsions

Duration of Last Sickness, 5 or 6 days

All the above information should be furnished by the Physician.

Place of Burial, H P Field

Date of Burial, April 12th 1875

Undertaker, M. H. Penn

Place of Business, H Pratt St

M. D. Medical Attendant. Coroner

Address 98 Dru Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

~~State of Maryland, City of Baltimore,~~

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2179

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 10½ Oclock P.M. April 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George J. Cleland

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, white ~~Sex~~,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Turner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 159 Hillsdale

Cause of Death, {First (Primary,) / Second (Immediate,) Suicide by Laudanum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemty

Date of Burial, April 13th 1875

Undertaker, Jos H Byrne

Place of Business, 5 Pn Sts

M. W. Dmarin M. D.
Coroner
Medical Attendant.

Address 98 Lee street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Health Department, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2180,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Gross

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 9 *Months,* 10 *Days.*

Color, Colored *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City of Balt. Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 2 Rear Alley

Cause of Death, First (Primary,) Catarrhal Fever

Second (Immediate.) Congestion of the Lungs

Duration of Last Sickness, 11 Eleven days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 12th

Undertaker, John B. Williams

Place of Business, 172 Lee St

L. A. Bevel M. D.

Medical Attendant.

Address 161 Stiles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

State of Maryland, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2181,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 10th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christopher Hughes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Has had no Occupation for Some Years

Birthplace, {State of country (and how long in the United States, if of foreign birth.)} Philadelphia

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 175 Sharp St

Cause of Death, First (Primary,) Diabetes Mellitus

Second (Immediate.) Pulmonary Phthisis

Duration of Last Sickness, Has bee Sick abut 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Sinking

Date of Burial, April 14

Undertaker, Rondelin Diffett

Place of Business, Rent 151

L. C. Burch M. D.
Medical Attendant.

Address 141 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2182

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Henry Squires

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Coachman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Montreal Ca.

Duration of Residence in the City of Baltimore, Three months

Place of Death, {Give street and number.} 37. Douglas St. Balt.

Cause of Death, {First (Primary,) Albuminuria
Second (Immediate,)

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field Emma L. Jones M. D.
Medical Attendant.

Date of Burial, April 12th 1875

Undertaker, W. Donovan *Address* 67 E. Balt. St.

Place of Business, Bank St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2183

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTER'S DEPARTMENT APR 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo H Ruckle

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, [redacted] *Years,* 9 *Months,* 8 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 104 Hanburg St

Cause of Death, {First (Primary,) Scarlétina 14 Days

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, April 13th 1875

{*Undertaker,* Anthony Denny

{*Place of Business,* 263 Light St

96 B. Tolle M. D.
Medical Attendant.

Address 17 Warren St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

~~State of Maryland, City of Baltimore,~~

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2184

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th April 1875

Full Name of Deceased, {Write legibly and spell correctly. If no infant not named, give names of parents.} Gertrude — Foundling

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ~~Years,~~ ~~Months,~~ about 10 Days.

Color, White *Sex,* female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the ~~City of Baltimore.~~ Institution 5 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Trismus Nascentium

Second (Immediate,) Asthenia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem^y *Attended by* Marbury Brown M. D.

Date of Burial, April 13th 1875 Medical Attendant.

Undertaker, H. Schultheis *Address* 201 W. Biddle Street

Place of Business, E Monument s

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE

Permit No. 2185

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Jackson

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* ~~Months,~~ *Days.*

Color, Black *Sex,* Female

~~Married~~ *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 235 French Street

Cause of Death, {First (Primary,) Dentition

Second (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery James Steuart M. D.

Date of Burial, April 13th 1875 ~~Medical Attendant~~ Commis of Health & Registrar

{*Undertaker* L. J. Rodenmayer *Address*

Place of Business, 102 E. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information from Maria Jackson Mother

State of Maryland, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2186

HEALTH DEPARTMENT APR 12 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *separately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Olivia Carter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City. Since Birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 785 S. Castle St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Two months.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 13th 75

Undertaker, Geo Schilling *Address*

Place of Business, No 212 E Monument st

C. Edward Miller M. D.
Medical Attendant.

1153 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2187.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Frederick White

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 7 Months, & 16 Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Boston St No 88.

Cause of Death, { First (Primary,) / Second (Immediate,) Convulsions

Duration of Last Sickness, Eight Days

All the above information should be furnished by the Physician.

Place of Burial, 5th Reformed & Paul cemetery John D Schultz, M. D.

Date of Burial, 13th April 1875 Medical Attendant.

Undertaker, Geo Frechlich *Address*

Place of Business, 337 Caton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE

Permit No. 2188

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophie ~~Holbar~~ Zellner

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 years ~~Last 1st Nov 03.~~

Place of Death, {Give street and number.} Pearl St. 103.

Cause of Death, First (Primary,) Consumption

Second (Immediate,) about 6 years.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Fells Point Synagogue Cemetery

Date of Burial, April 13. 1875

Undertaker, Wm Eilau

Place of Business, 101 Gough st

F. Jenkins M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE

Permit No. 2189

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Anna Mathes

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 20 *Years,* 11 *Months,* 3 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hessen (Germany)

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} Barclay nr 1

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Dropsy

Duration of Last Sickness, 9 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem H. Mayer M. D.

Date of Burial, April 13th 1875 Medical Attendant.

Undertaker, Julius Koehler *Address* 95 S. Sharp st.

Place of Business, Cor Sharp & Cross st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE

Permit No. 2190

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Boyd

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* 7 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 4 Warner St

Cause of Death, First (Primary,) Capillary Bronchitis

Second (Immediate.) debility

Duration of Last Sickness, 4 Mo

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetary

Date of Burial, Thursday April 15th/75

Undertaker, John J Rodemayer *Address* 76 Race

Place of Business, Greenmount Ave & Monument St

Jas Kinney M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

4

Board of Health, City of Baltimore,

Permit No. 2191

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Birmingham

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 48 ~~Months or Days~~ *Years,* ——— *Months,* ——— *Days.*

Color, white *Sex,* Female

~~Married~~ *Single,* ~~Widow or Widower~~; {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number.} 32 N. Amity St

Cause of Death, {First (Primary,) Insanity

{Second (Immediate,)

Duration of Last Sickness, 8 years

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 15th 1875

{*Undertaker,* A B. Cook

{*Place of Business,* 707 N. Balto St

James H Steuart M. D.
Medical Attendant.

Commiss of Health &
Registrar
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by A. B. Cook undertaker

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2192

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13 April

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William A. Snead Carter

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 43 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, Employee in Health Department

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Somerset Co. Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number. } 61 Columbia Avenue

Cause of Death, { First (Primary), Phthisis Pulmonalis
Second (Immediate), }

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 14th 1875

{ *Undertaker,* Armstrong & Berry
Place of Business, 363 Light St

Geo. K. Gibson M. D.
Medical Attendant.

Address 214 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2193.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 11th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles H. Ware.

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, Forty two *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Male

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, — Porter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and number.} N° 4 Inloes Alley

Cause of Death, {First (Primary,) Cold

{Second (Immediate,) Pleuro Pneumonia

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 13th 1875

{*Undertaker,* Wm Sames Jr.

{*Place of Business,* 65 Pratt St

N. Ginerat M. D.
Medical Attendant.

Address N° 62 Centre St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2194

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 12th April 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Edward Conway

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, 6 Months, Days.

Color, Black

Sex,

Married, Single, ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and number.} 113 S Caroline st

Cause of Death, {First (Primary,) Congestion Brain

{Second (Immediate.)

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, April 13th 1875

William L. Nevill M. D.
Medical Attendant.

{*Undertaker,*

{*Place of Business,* *Address* Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 1875 BALTIMORE

Permit No. 2195

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10th April 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} May Emma Adams

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, One *Years,* 2 *Months,* *Days.*

Color, Black *Sex,*

Married, Single, ~~Widowed Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 12 months

Place of Death, {Give street and number.} 41 N Chapel st

Cause of Death, {First (Primary,) Acute Bronchitis
{Second (Immediate,) Tubercular Consumption

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Burial Ground

Date of Burial, April 13th 1875

{*Undertaker,* John A. Locke
{*Place of Business,* 65 S. Wolfe

Wm. E. Randall M. D.
Medical Attendant.

Address 1 Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2196

HEALTH DEPARTMENT 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 12th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbary Michaels.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days.*

Color, White. *Sex,*

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria Germany.

Duration of Residence in the City of Baltimore, 43 Years.

Place of Death, {Give street and number.} 61 S Amity St.

Cause of Death, {First (Primary,) Second (Immediate,)} Exhaustion & old age.

Duration of Last Sickness, 3 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Burial

Date of Burial, the 14th of April

Undertaker, P. Kammerl

Place of Business, 311 Baltimore

John J. P. Rice M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
1875
BALTIMORE

Permit No. 2197.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12 / 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Johnson

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, Black *Sex,* male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} dont know

Occupation, Convict

Birthplace, {State or country (and how long in the United States, if of foreign birth.} dont Know

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, {Give street and number.} Maryland Penitentiary For Mad

Cause of Death, {First (Primary,) Paralysis
Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, E. Potter's Field

Date of Burial, April 13th 1875

Undertaker, W. Donovan

Place of Business, 5 Bank St

Jno Brooke Boyle M. D.
Medical Attendant.

Address 174 (000) E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE

Permit No. 2198

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Supposed to be C. F. Miller

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, about 60 *Years,* — *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Killed by Engine at Munkirk

Cause of Death, { First (Primary,) Violence
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 14th 1875

Undertaker, John S. Macker

Place of Business, 150 Camden St.

John Neff M. D.

Address 538 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

A Missing Man Found.—Yesterday [redacted] of the Patapsco river.

VITAL STATISTICS.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE

Permit No. 2199

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herman Bicky

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* 7 *Months,* 15 *Days.*

Color, white *Sex,* male

Married, ~~Single Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} Middle Branch Patapsco River

Cause of Death, First (Primary,) Unknown to the Jury of Inquest

Second (Immediate,) "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 14th 1875

Undertaker, Henry Meyer

Place of Business, S. Howard St

James A Steuart M. D.

~~Medical Attendant~~ Commis of Health & Registrar

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by John Bicky Brother of Deceased

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE

Permit No. 2200

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katy Dietsch

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 12 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St Josephs Hospital

Cause of Death, First (Primary,) Burn of surface of abdomen, chest

Second (Immediate,) Exhaustion from Suppuration

Duration of Last Sickness, 3 years & 5 months

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cem Geo Kelly M. D.

Date of Burial, April 14th 1875 Medical Attendant.

Undertaker, Henry Heath *Address* St Josephs Prod Hospital

Place of Business, 309 East Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE

Permit No. 2201

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 13 — 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. W. G. Baughman

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, Sept 1 *Years,* Zero *Months,* Thirteen *Days.*

Color, White *Sex,* Married

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ellicott City Howard Co Md

Duration of Residence in the City of Baltimore, Thirty-nine days

Place of Death, {Give street and number.} No 23 Cook St Between Pratt & Lombard

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,) ~~Spasm of Heart~~

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemt

Date of Burial, April 16th 1875

D. E. Price M. D.
Medical Attendant.

{*Undertaker,* John J. Andrews for Jacob Weaver Decd

{*Place of Business,* No 47 Druid Hill Avenue Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2202

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Darraugh

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 56 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower;~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} Hammond alley & Spring St

Cause of Death, {First (Primary,) Killed by her Husband

{Second (Immediate,) // // //

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, April 14th 1875

{*Undertaker,* Wend Depfield

{*Place of Business,*

James A Steuart M. D.
Medical Attendant.

Corner Hs. & Register
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPARTMENT
APR 1875
BALTIMORE

Permit No. 2203

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 14 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Stewart

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 75 *Years,* 8 *Months,* 12 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and number.} 285 Eager St

Cause of Death, {First (Primary,) Cardiac Dropsy,
Second (Immediate,)

Duration of Last Sickness, 7 months.

All the above information should be furnished by the Physician.

Place of Burial, Balt.e Cemetery *Abram 12 Arnold* M. D.

Date of Burial, April 15th 1875. Medical Attendant.

Undertaker, M. J. Heaver

Place of Business, 23 N. Eutaw St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Board of Health, City of Baltimore,

Permit No. 2204

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 14 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary Glauser

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 19 ~~11~~ *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 35 Essex St.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 35 Essex St.

Cause of Death, First (Primary,) unknown

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Union Cemetery

Date of Burial, April 14th 1875

Undertaker, H. M. Glauser

Place of Business, 41 Canton Ave.

Thos. Kelly M. D.
Medical Attendant.
Brown

Address Fawn & Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Farm information

[OVER.

Health Department of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 14 1875 BALTIMORE

Permit No. 2205.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 13th April, 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Catharine Ann Stone.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 67 *Years,* — *Months,* — — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow.

Occupation, — " " " "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore, 31 years.

Place of Death, {Give street and number.} 64 Amity St.

Cause of Death, First (Primary,) Paralysis & disease of womb.

Second (Immediate,) Exhaustion.

Duration of Last Sickness, about 12 Months.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 15th

Undertaker, Wm H Leonard

Place of Business, 132 W. Baltimore St *Address* 231 Franklin,

A. M. Littell, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE APR 14 1875

Permit No. 2206

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 13, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Stewart

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* 11 *Months,* 28 *Days.*

Color, Mulatto *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 53 Union Street

Cause of Death, First (Primary,) Pneumonia

Second (Immediate.) Asphyxia

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 15th 1875

Wm H. Thompson M. D.
Medical Attendant.

Undertaker, Wm James Gray

Place of Business, 65 Mulberry St *Address* 61 Orchard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
APR
14
1885
BALTIMORE

Permit No. 2207.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annah Moore

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, —— *Years,* (3) Three *Months,* —— *Days.*

Color, Colored *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow*~~ *or Widower,* {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 186 Chestnut Alley

Cause of Death, First (Primary,) Hereditary Syphilis

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Locust Cemetery

Date of Burial, April 15th 1885

Undertaker, Wm F Gray

Place of Business, 63 Smithey St

W W Antrim *M. D.*
Medical Attendant.

Address 192 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 13 1875 FILED

Permit No. 2208,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Gould Jr

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 10 Months

Place of Death, {Give street and number.} 5 Walnut Alley

Cause of Death, {First (Primary,) Tubercular Meningitis / Second (Immediate.)

Duration of Last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary R Winslow *M. D.*

Date of Burial, 14 April Medical Attendant.

Undertaker, James H Davis *Address* 23 McCulloh or

Place of Business, No 12 Saratoga St 486 Penna Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 1875 BALTIMORE MD.

Permit No. 2209

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Bailey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, Unknown

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Do

Duration of Residence in the City of Baltimore, Do

Place of Death, {Give street and number.} Washington Univ Hospital

Cause of Death, {First (Primary,) Phthisis

{Second (Immediate,)

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, April 14th 1875

Undertaker, Wm Donovan

Place of Business, 6 Bank St

Jesse B Reynolds M. D.

Medical Attendant.

Address Washington Univ Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
14
1875

Permit No. 2210

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10½ A.M. April 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine C Johnston

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, White *Sex,* Female?

~~*Married, Single,*~~ *Widow* ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Gloucester Co Va.

Duration of Residence in the City of Baltimore, Four Months.

Place of Death, {Give street and number.} N° 1365 Chaplank Street

Cause of Death, First (Primary,) Chronic Diarrhoea

Second (Immediate,) Anasilion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Gloucester Point: Virginia

Date of Burial, April 16th 1875

E J Kay M. D.
Medical Attendant.

Undertaker, Matthias A. Dwyer

Place of Business, 745 Broadway *Address* 53 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(70)

~~State of Maryland, City of Baltimore,~~

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2211

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
1875
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Apr. 14th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Jeager

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 2 *Days.* 2

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 64 Frederick Ave Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 64 " " " "

Cause of Death, First (Primary,) Erysipelas (Facial)

Second (Immediate,) Spasms

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, N. Mense

Date of Burial, 15 April 1875

Undertaker, J. P. Parlett

Place of Business, Frederick Ave

Geo. H. Dare M. D.
Medical Attendant.

Address 91 Frederick Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2212.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 14 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~March~~ 13 April 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Meshack Hill

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 56 *Years,* ~~Months,~~ ~~Days.~~

Color, Negro *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. County

Duration of Residence in the City of Baltimore, 15 years.

Place of Death, {Give street and number.} Chapel Street

Cause of Death, {First (Primary,) Pneumonia
Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 15th 1875

Undertaker, Lobb & Gordon

Place of Business, 63 Park Av.

Marbury Brewer M. D.
Medical Attendant.

Address 201 W. Biddle Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

State of Maryland, City of Baltimore,

Permit No. 2213.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 14 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Baltimore April 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Moore

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Eight *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Girl

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Nothing

Duration of Residence in the City of Baltimore, Talbot Co Maryland

Place of Death, {Give street and number.} Seven yrs

East St No 40

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Hydrothorax

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 14. 1875

Undertaker, C H Grace

Place of Business, No 198 Howard

J. Boyer M. D.

Medical Attendant.

Address Hill St. No. 146 Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

1875 BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2214

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 13. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Duckett

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* Five *Months,* *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Five months

Place of Death, {Give street and number.} No. 152 Vine Street

Cause of Death, {First (Primary,) Scarlet Fever

Second (Immediate,) Sup dept

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary Chas W Neff M. D.

Date of Burial, April 16th 1875 Medical Attendant.

{*Undertaker,* Andrew Lucky *Address* 306 N Fayette Street

{*Place of Business,* 118 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2215

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wesley Feeney

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Years, 6 Months, 17 Days.

Color, Black *Sex,* Male

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, all its life

Place of Death, {Give street and number.} 2 Temple St

Cause of Death, First (Primary,) Congestion of Brain

Second (Immediate,) Convulsions

Duration of Last Sickness, feeble from birth. last attack lasted four hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 15th 1875

Undertaker, William R. Dinges

Place of Business, No 104. East St

D Webster Bathell M. D.
Medical Attendant.

Address 142 Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT

Permit No. 2216,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Farnan

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Edmondson Av (419)

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate.)

Duration of Last Sickness, Over a year

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Friday 16th April 1875

Chas C Lemmon M. D.
Medical Attendant.

Undertaker, Hy M. Jenkins & Son

Place of Business, 16 Light St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Death or Death, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 15 1875 BALTIMORE

Permit No. 2217.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} George Ayres

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 46 *Years,* ——— *Months,* ——— *Days.*

Color, Mulatto *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Somerset County Maryland

Duration of Residence in the City of Baltimore, Forty Years

Place of Death, {Give street and number.} No 200 South Wolf St

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate.)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Shwartz Cemetary

Date of Burial, 15th April

Undertaker, Francis Cramer

Place of Business No 219 Canton Avenue

Thomas B. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 15 1875

Permit No. 2218.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Corinne E. McElwaine

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* ~~X~~ 9 *Months,* *Days.*

Color, White *Sex,*

Married, *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 305 Druid Hill Ave

Cause of Death, {First (Primary,) Tubercular Meningitis / Second (Immediate,)

Duration of Last Sickness, about 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, 15th April 1875

Undertaker, H. M. Tenkinston

Place of Business, 16 Light St

P. L. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
APR 15
1875
BALTIMORE.

Permit No. 2219.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Enos Camille.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Twenty five *Years,* *Months,* *Days.*

Color, African. *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kentucky

Duration of Residence in the City of Baltimore, Thirteen years

Place of Death, {Give street and number.} 180 Gark St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Tuberculosis.

Duration of Last Sickness, One year.

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field

Date of Burial, April 15th 1875

Undertaker, M. H. C. Perry

Place of Business, W. Pratt St *Address*

J. H. White M. D.
Medical Attendant.

Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Reported by S. D. Potter & Co. W. Delany

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 1885 BALTIMORE.

Permit No. 2220

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Otis Schnor

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 14 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 21 South Canal St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 21 South Canal St

Cause of Death, First (Primary,) Premature Birth

Second (Immediate,) Seven month Infant

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, H. Agonies Con. A. Gregor Shenfer M. D.

Date of Burial, Apr. 16th '75 Medical Attendant.

Undertaker, Hubert France

Place of Business, 16 270 Eastern Ave Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 15 1875 BALTIMORE

Permit No. 2221

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} M: Garnett Pendleton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 7 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 93 Lee Street

Duration of Residence in the City of Baltimore, 7 months

Place of Death, {Give street and number.} 5 Sterritt Street

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery W. B. Griffith M. D.

Date of Burial, April 15 Medical Attendant.

Undertaker, J. J. Mackin

Place of Business, 150 Camden Address 117 Madison St. S. W. Corner Park Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

South of Gay, City of Baltimore,

Permit No. 2222

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT. APR 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April - 14th " 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adelaide Josephine - Mahoney

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* 1 *Months,* 4 - *Days.*

Color, White - *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} "

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since 4 years -

Place of Death, {Give street and number.} Druid Hill Ave & Hoffman Baltimore

Cause of Death, First (Primary,) Acute Pleuritis -

Second (Immediate,) very sore -

Duration of Last Sickness, 15 days -

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 17, 1875

Undertaker, Matthias A. Dwyer

Place of Business, 74 S. Broadway

Edward A. Mares M. D.
Medical Attendant.

Address 270 Hoffman St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 15 1904 BALTIMORE.

Permit No. 22223.

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1904.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Clinton Toney

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 1 *Years,* *Months,* 21 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 223 Hollins St.

Cause of Death, First (Primary,) Diphtheria Malignant

Second (Immediate.)

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Cem

Date of Burial, April 15

Undertaker, J B Cook

Place of Business, 707 N Eu Baltimore *Address*

J H Sutton *M. D.*

Medical Attendant.

Secretary of Board 3 Door East of Carrollton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

APR 1875 HEALTH DEPARTMENT BALTIMORE

Permit No. 2224

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Ricketts

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 43 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, {Give street and number.} 244 ~~Division~~ Ave Penna

Cause of Death, First (Primary,) Amputation of thigh

Second (Immediate,) Secondary Hemorrhage

Duration of Last Sickness, ~~1 Day~~ 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Sunday Apl 18th 75

Undertaker, John H. Weaver.

Place of Business, 22 W. Fayette St *Address* 218 Madison Ave

Thos. S. Latimer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 13 BALTIMORE.

Permit No. 2225

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 13th 5 o'clock afternoon.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} W. J. Hagerty.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male.

Age, 31 *Years,* *Months,* *Days.*

Color, White. *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Car Conductor.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, of his Lifetime.

Place of Death, {Give street and number.} 992 Pennsylvania Ave.

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,) " "

Duration of Last Sickness, 1/4 to 5 Years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery. M. D.

Date of Burial, Saturday, 15th April. Medical Attendant.

Undertaker, W. H. Weaver. *Address* 119 South Eutaw

Place of Business, 23 W. Fayette St. Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2226

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Kuse

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, {Give street and number.} 130 Burgundy Pl

Cause of Death, {First (Primary,) Pneumonia-right side

{Second (Immediate,)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 16th 1875

Undertaker, P. Kinnmert

Place of Business, 317 Mulberry St.

Jas. H. Lucas M. D.
Medical Attendant.

Address 76 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2227.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 13 April 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Squirrel

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, about 15 yrs

Place of Death, {Give street and number.} 63 Liberty Road

Cause of Death, {First (Primary,) Paralysis

{Second (Immediate,) Congestion of lungs

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Marburg Brewer M. D.

Date of Burial, April 15th 1875 Medical Attendant.

{*Undertaker,* John C. Dorsey Address 201 W. Biddle Street

{*Place of Business,* Park Av No. 3.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 15 1875 BALTIMORE

Permit No. 2228.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Found dead April 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gustav Bredehoft

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Teacher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} Dock Basin

Cause of Death, {First (Primary,) / Second (Immediate,)} Accidentally drowned

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 15.

Undertaker, Pfeiffer.

Place of Business, 91 Eastern Ave

Thos. Kelly M. D.
Medical Attendant.

Address Fawn & Exeter Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Give information

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 15 1875 BALTIMORE.

Permit No. 2229

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Henrietta Hughes

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Broadway, E. of Pratt St. 65

Cause of Death, {First (Primary,) said to have been, typhoid fever.
{Second (Immediate,) chronic diarrhoea.

Duration of Last Sickness, said to have been, 3 to 4 years.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemy

Date of Burial, April 16th 75

Jno. M. Galt M. D.
Medical Attendant.

{*Undertaker,* Thos. F. Hughes *Address* 146 E. Pratt St.
{*Place of Business,* 60 E. Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 16 1875 BALTIMORE.

Permit No. 2230

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 14th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John F. Ground

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 34 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Machinist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hagerstown Washington County

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} No. 398 E. Eager St.

Cause of Death, {First (Primary,) Rheumatism / Second (Immediate,) Hematemesis

Duration of Last Sickness, Fourteen days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 16/1875

{Undertaker, Embry

{Place of Business, 54 N Broadway *Address*

Wm H. Glendinen, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 16 1875 BALTIMORE.

Permit No. 2231

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 14 May 75.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Simms

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 6 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Child.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Newfoundland. Harbor grace

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and number.} 340 E Chase st.

Cause of Death, {First (Primary,) Inflam. of Brain.
Second (Immediate.) Eight Days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, April 16 1875

Undertaker, Wm Fogg

Place of Business, 54 N Broadway

Geo W Emerson M. D.
Medical Attendant.

Address 131 N. Gay st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE APR 15 1875

Permit No. 2232

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *immediately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Morning of April 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia A. Schaffer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany about 46 year in U.S.

Duration of Residence in the City of Baltimore, about 46 years

Place of Death, {Give street and number.} 100 York street

Cause of Death, First (Primary,) natural causes most probably

Second (Immediate,) heart disease

Duration of Last Sickness, (Sudden)

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 16/75

Undertaker, Armstrong & Denny

Place of Business, 263 Light St

M. M. Damarin M. D.

~~*Medical Attendant.*~~ Coroner

Address 98 Lee Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 16 1875 BALTIMORE

Permit No. 2233

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Elizabeth Balla

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* 7 *Months,* 12 *Days.*

Color, *Sex,*

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, widow

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lehrbach. Germany

Duration of Residence in the City of Baltimore, about 20 yrs

Place of Death, {Give street and number.} 364. N. Eutaw St.

Cause of Death, First (Primary,) Cancer of the face

Second (Immediate,) do

Duration of Last Sickness, about 15 months

All the above information should be furnished by the Physician.

Place of Burial, Schlegel's B G

Date of Burial, April 16th 1875

Undertaker, Ulrich Schmidt

Place of Business, Eager St near Caroline

G. C. Dohme M. D.
Medical Attendant.

Address 86. E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 16 1875 BALTIMORE

Permit No. 2234

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant nnt named, give names of parents.} Cora Johnson

Sex, ~~Male or~~ *Female,* {Cross ont the word nnt required in this line.}

Age, 1 *Years,* 1 — *Months,* 24 *Days.*

Color, Colored *Sex,* Female

~~*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}~~

~~*Occupation*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 110 E. Chesly St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 110 E. Charles St

Cause of Death, {First (Primary,) Plaro Pneumonia
Second (Immediate,) 3 Week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 16 1875

Undertaker, H Thomas

Place of Business, N 198 Howard St *Address* 44 Hanover St

Geo. H. Benson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT APR 16 1875 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2235

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *when filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15 day 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Henry Kidd

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 13 *Days.*

Color, Brown *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 11 Peach alley

Cause of Death, {First (Primary,) / Second (Immediate.)} Inanition / Since birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 16 1875

Undertaker, W. W. Chase

Place of Business, No 193 Howard St *Address* 266 Sharp St.

R. M. Hall *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT. APR 16 1875 BALTIMORE.

Permit No. 2236

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 14th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wallace Bolden Brown

Sex, ~~*Male or Female*~~, {Cross out the word not required in this line.} Male

Age, ~~*Years.*~~ Eight *Months,* – *Days.*

Color, Cold *Sex,* male

~~*Married, Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Eight mos

Place of Death, {Give street and number.} No 3. Bolton Street

Cause of Death, First (Primary,) Lobular Pneumonia

Second (Immediate.) Meningitis.

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, New Catholic Cemetery

Date of Burial, April 16th 1875

Undertaker, Wm. J. Gray

Place of Business, 66 Mulberry St. *Address*

Wm H. Davis *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

HEALTH DEPARTMENT APR 16 1875 BALTIMORE.

Permit No. 2237.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Thursday 16th April 1875 at 7 O'Clock A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Dinkel

Sex, Male ~~Female~~, {Cross out the word not required in this line.}

Age, Seventy Three *Years,* ——— *Months,* ——— *Days.*

Color, ——— White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tanner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ——— German ——— In U.S. about 42 Years

Duration of Residence in the City of Baltimore, ——— Fifteen Years

Place of Death, {Give street and number.} ——— Aged Mans Home Corner Calhoun & Lexington Sts

Cause of Death, First (Primary,) ~~Bronchitis~~ Atheromatous Degeneration

Second (Immediate,) Sudden Lesion of Valves & Septa

——— Sudden Death

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, ~~Balto. Cemetery~~

Date of Burial, 16th April 1875

Undertaker, Hyt Deutsch & Son

Place of Business, 16 Light St. *Address* 10 N. Carey St

Henry R Noel *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT RECEIVED APR 16 1875

Permit No. 2238

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Rose

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 8 *Years,* 8 *Months,* 11. *Days.*

Color, White. *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation, Servant. *Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Ireland. 17 Yrs resident in U.S.

Duration of Residence in the City of Baltimore, 17 Yrs

Place of Death, {Give street and number.} 59 Marsh Market Space.

Cause of Death, {First (Primary,) Pleuro Pneumonia.
Second (Immediate,) 2 Weeks & a half

Duration of Last Sickness, 2 Weeks & a half

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 17th 1875

{*Undertaker,* James P Byrne
Place of Business, No 63 N Front St

Address Canton Ave Balto

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 6 1875 BALTIMORE

Permit No. 2239.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Gilligan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 38 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Day Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number.} No. 64 Clement

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate.)

Duration of Last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, ~~Holy Cross Cemetery~~ St Vincent cemetery Abram B Steele M. D.
Medical Attendant.

Date of Burial, April 17 1875

Undertaker, James P Byrne

Place of Business, No 63 N Exeter *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 16 1875 BALTIMORE.

Permit No. 2240

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr 15th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Barrett

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.} Widower

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co, Maryland

Duration of Residence in the City of Baltimore, Dont Know

Place of Death, {Give street and number.} Inst. Little Sisters of the Poor

Cause of Death, First (Primary,) Infirmity

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet, Co. Jno. Booker Boyle M. D.

Medical Attendant.

Date of Burial, April 16 at 10, o Clock

Undertaker, J. B. Blackistonson *Address* 174 E. Eager st.

Place of Business, west Balt st 606

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 16 1875 BALTIMORE.

Permit No. 2241,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *separately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 16.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Taylor

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Sailoress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} 197 Hanover st

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 17, 1875

Medford Boyle M. D.
Medical Attendant.

{*Undertaker,* Chas F. Herod

Place of Business, 161 Hanover St. *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE APR 16 1875

Permit No. 22172.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fannie Gough

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 94 *Years,* ——— *Months,* ——— *Days.*

Color, Colored *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} Dallas St between Gough & Pratt Sts

Cause of Death, {First (Primary,) Old age

{Second (Immediate,) " "

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 16th 1875

{*Undertaker,* John H. Locks

{*Place of Business,* Wolf St

James A Steuart M. D.

~~*Medical Examiner*~~

Comm'r of Health &

Address Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Information by James Patterson 1902 Gilmor St a Relative

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 16 1875 BALTIMORE

Permit No. 22413.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Wagner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 19 *Years,* ____ *Months,* ____ *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or~~ Widower, {Cross out the words not required in this line.} single

Occupation, Tinner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Washington University Hospital

Cause of Death, First (Primary,) Fell from top of house

Second (Immediate,) Accidental.

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary Geo G Pyle Comm'r M. D.

Medical Attendant.

Date of Burial, April 16th 1875

Undertaker, Andrew Seitz *Address* 229 Cary St

Place of Business, 1189 Druid Hill Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE

Permit No. 22464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1234 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Adkins Barnes

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 47 *Years,* 6 *Months,* 28 *Days.*

Color, Black *Sex,* Female

~~*Married, Single,*~~ *Widow ~~or Widower~~,* {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 19 Temple St

Cause of Death, {First (Primary,) Pneum
Second (Immediate,) Catalepsy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Locust Cemetery

Date of Burial, April 16 1875

{*Undertaker,* John H. Locks
Place of Business, 65 S. Wolfe St *Address* 117 E Baltimore St

The patient was taken with pain in her stomach on the night of April 13th which she left the Spiritualist Camp Meeting immediately became unconscious remained so until her death whether or not, it was produced by the Camp Meeting I am unable to say. Having never seen her while in health.

A. Gregor Shertzer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

APR 15 1875 HEALTH DEPARTMENT BALTIMORE.

Permit No. 2245

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 15th. April 1875. half an hour before midnight.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Eimken

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, One Years. *Months,* 18. *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life time

Place of Death, {Give street and number.} Alice Anna Street 213.

Cause of Death, {First (Primary,) Gastromalacia

{Second (Immediate,)

Duration of Last Sickness, 16 Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Paul Cemetery William Henke M. D.

Medical Attendant.

Date of Burial, April 17 th.

Undertaker, Mendelin Dysal *Address* S. Wolfe str. 117.

Place of Business, Broad st 131

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 16 BALTIMORE

Permit No. 2246

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 15th April 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johann Saminzky (John Saminzky)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 11 *Months,* ( ) *Days.*

Color, white *Sex,* male

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, (-)

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Austria Germany

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 320 Alice Ann Street

Cause of Death, First (Primary,) Scrophulosis Jaundice

Second (Immediate.) Hydropsia, Jaundice.

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Michael Cemetry

Date of Burial, 17th April

Undertaker, John C Veith

Place of Business, 265 Eastern Ave. *Address*

L. Fussel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate, setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT 16 1875

Permit No. 2247

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jesse McCrae

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, four *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 304 Mulberry St

Cause of Death, First (Primary,) Malignant Scarlatina

Second (Immediate.)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Elias L Price M. D.

Medical Attendant.

Date of Burial, June 16th

Undertaker, Mr Kummel

Place of Business, 311 Mulberry St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE APR 18 1875

Permit No. 2248

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 16 April 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Lynch

~~Sex~~, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 20 *Years,* ~~Months~~, ~~Days~~.

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carroll County

Duration of Residence in the City of Baltimore, One month

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Scarlatina Maligna

Second (Immediate,) Coma

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 17th April 1875

Undertaker, ~~Jacob~~ George Saffran

Place of Business, 121 Penn. Avenue

Marbury Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 19 1875 BALTIMORE.

Permit No. 2249

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Meyhausen —

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.} — Male —

Age, 5 *Years,* 4 *Months,* 25 — *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower*~~, {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 282 Ann St. Cor Lancaster

Cause of Death, { First (Primary,) Scarlet fever.
Second (Immediate.)

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, April 17th 1875

{ *Undertaker,* George Froelich
{ *Place of Business,* No 939 Canton ave

Thomas D. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 18 1875 BALTIMORE.

Permit No. 2250

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry & Henrietta Long

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ Months, a few minutes ~~Days~~

Color, White *Sex,* Female

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 58 Pennsylvania Ave

Cause of Death, { First (Primary,) / Second (Immediate.) } Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemty James Adams, M. D.

Date of Burial, April 17th 1875 ~~Medical Attendant~~ Comm'rs of Health & Registrar

Undertaker, M. Schilling *Address*

Place of Business, Penn Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Information by John Long (the Father) & and also the Undertaker

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 17 1875 BALTIMORE.

Permit No. 2257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~immediately~~ *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rose M. Cook

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 29 yrs

Place of Death, {Give street and number.} ~ 31 S. Carrollton Ave.

Cause of Death, { First (Primary,) Cancer of Womb
Second (Immediate,)

Duration of Last Sickness, 3 1/2 mo

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 17th

{ *Undertaker,* Wm M. Leonard
{ *Place of Business,* 752 W. Baltimore

John Neff M. D.
Medical Attendant.

Address 528 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish the person superintending the burial, a Certificate within forty-eight hours after the death, to the Undertaker or other person or persons setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
APR
1875
BALTIMORE.

Permit No. 2252

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Phillip Carcany

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wade Co Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Little Sisters of the Poor Infirmary

Cause of Death, {First (Primary,) Consumption
Second (Immediate,)}

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial, Holy Cross Cemetery

Undertaker, Sisters of Charity

Place of Business, *Address* 174 E. Eager st.

Jno. Brooke Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

APR 19 1875 BALTIMORE

Permit No. 2253.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Mary Ann Kanwick

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* — *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 100 Fort Avenue.

Cause of Death, {First (Primary,) Scarlet Fever.
Second (Immediate,) Three days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus County R. J. N. Tall, M. D.
Medical Attendant.

Date of Burial, April 17th

Undertaker, Michael Finke *Address* 158 S. Sharp St.

Place of Business, No. 35 Bank St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 1875 REGISTRY

Permit No. 2257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ———

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* an hour ? *Days.*

Color, black *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 59 n High St Balto

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 59 n High St

Cause of Death, {First (Primary,) / Second (Immediate,)} wilful neglect immediately after birth on part of mother — either hemorrhage or suffocation

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, April 17th 1875

Undertaker, M. Donovan

Place of Business, 5 Bank St

Edmd D Walker M. D.
Medical Attendant.
Coroner n P. Dist

Address 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 17 1875 BALTIMORE

Permit No. 2253.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Giles Jones & Leah White Col'd

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} male

Age, ——— *Years,* ——— *Months,* 5 *Days.*

Color, Black *Sex,* ———

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 41 Church Street

Cause of Death, {First (Primary,) Spasms

{Second (Immediate,) one day

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *James Adams* M. D.

Date of Burial, April 17th 1875 ~~Medical Attendant~~

{*Undertaker,* S. W. Chase *Address* Comm'rs of Health & Registrar

{*Place of Business,* 3 Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Midwife Maria Potter & S. W. Chase Undertaker

Board of Health, City of Baltimore,

Permit No. 2256.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 17 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 17th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wallbach

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Sex, Single

Occupation, School boy.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All of his life

Place of Death, {Give street and number.} Mount Home Balto Co. (or Cathedral & Richmond Sts.

Cause of Death, First (Primary,) Erysipelas

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, 20th April 1875

Undertaker, W. H. Jenkins & Co.

Place of Business, 16 Light St Address

Henry Smith, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 17 1875 BALTIMORE

Permit No. 2257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 16th 1875 April 17th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Michael Tolbert

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~ Female

Age, 1 *Years,* 9 *Months,* *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } S. Chappel St, No 94

Cause of Death, { First (Primary,) Capillary Bronchitis
Second (Immediate,) Collapse

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, St. alphonsus Church

Date of Burial, Sunday. April 18th 9 a.m.

G. Liebmann M. D.
Medical Attendant.

Undertaker, John Braun *Address* 58 N. Frouth

Place of Business, 77 S. Wolf St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 17 1875 BALTIMORE.

Permit No. 2258

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 15th April 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Bowman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 48 years

Place of Death, {Give street and number.} Nr 5th & Spring n. n.

Cause of Death, {First (Primary,) Cerebro-Pneumonitis

{Second (Immediate,) Heart disease

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen Cemetery.

Date of Burial, April 17th 1875.

Undertaker, Wm A. Dunger.

Place of Business 104 East St.

Wm. L. Purnell M. D.
Medical Attendant.

Address Broadway & Madison n.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 1875 BALTIMORE.

Permit No. 2259

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 16th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adeline Allen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 22 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co

Duration of Residence in the City of Baltimore, 10 yr

Place of Death, {Give street and number.} Balt City 107 Dickson Court

Cause of Death, {First (Primary,) Pneumonia
Second (Immediate,) Phthisis of two

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 18th 1875

{*Undertaker,* William N. Dungee
Place of Business, Nr 104 East St.

John Monroe M. D.
Medical Attendant.

Address 210 E. Pratt st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 17 1875 BALTIMORE.

Permit No. ✡ 2260

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Brown.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

~~*Married,* *Single,* *Widow or* *Widower,~~ {Cross out the words not required in this line.}

Occupation, Drayman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} No 48 Rock st.

Cause of Death, {First (Primary,) / Second (Immediate,)} Old Age.

Duration of Last Sickness, two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April. 18th 1875

Undertaker, William A. Dunges *Address* 57. Pleasant

Place of Business, No 104. East St

Frank H. Gunon. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE

Permit No. 2261

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosina Friedrich

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* few *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baden (Germany)

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 233 Highest

Cause of Death, { First (Primary,) Second (Immediate,) Paralysis

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, 18 April 1875

H. C. Miller M. D.
Medical Attendant.

Undertaker, C. F. Krause

Place of Business, 209 Hanover *Address* 95 S Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2262

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 19 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard ~~Hinsch~~ Menschke

Sex, Male or Female, {Cross out the word not required in this line.} —

Age, 84 41 *Years,* 10 *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Wood Carver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 39

Place of Death, {Give street and number.} 1044 Portland St.

Cause of Death, {First (Primary,) / Second (Immediate)} Apoplexy / Suddenly

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 19th

Thos. H. Emory M. D.
Medical Attendant.

Undertaker, D. Weidemeyer

Place of Business, Balto St. 518½. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish in forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person d, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT APR 13 1875 BALTIMORE

Permit No. 2263,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 17. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edith Wilson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Three *Years,* Four *Months,* Twelve *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} South Carolina

Duration of Residence in the City of Baltimore, Fourteen days

Place of Death, {Give street and number.} No 28 North Gilmor Street

Cause of Death, {First (Primary,) Diphtheria

{Second (Immediate,) Septicemia

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Society Hill S. Ba *Henry R. Noel* M. D.

Date of Burial, April 18 7[illegible]. Medical Attendant.

Undertaker, J. B. Cook

Place of Business, West Baltimore Street *Address* North Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(72)

Board of Health, City of Baltimore,

Permit No. 2264

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 18 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabett Crum

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 37 *Years,* *Months,* *Days.*

Color, white *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number.} 206 Mulligan Street

Cause of Death, { First (Primary,) Consumption
Second (Immediate,) " "

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church B.G. *Signature* Jamst Steuart M. D.

Date of Burial, April 19th 1875 *Address* ~~Medical Chirurgical~~ Comm'r of Health & Registrar

Undertaker, Wm Fry

Place of Business, Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information John Crum (Husband)

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 19 1875 BALTIMORE

Permit No. 2265

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 17th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Marshall

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 16, *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 86. Hanover St

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 1 Year.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 19 1875 Richard Gatch M. D.

Medical Attendant.

Undertaker, Charles F. Herbst

Place of Business, 161 Hanover St *Address* 46. Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 18 BALTIMORE.

Permit No 2266

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 17th of April 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~no first name yet. Fathers name Spitzer~~ Gottlieb & Rachel Spitzer

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~

Age, Years, Months, 4 Days.

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 45 E. Fayette St

Cause of Death, First (Primary,) Cyanosis

Second (Immediate,)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St. Synagogue Cemetery

Date of Burial, April 18. 1875

Undertaker, Wm Baumgarten

Place of Business, 45 E. Fayette St

G. Liebmann M. D.
Medical Attendant.

Address 58 N. Front

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

HEALTH DEPARTMENT APR 19 1875 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2267

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apl 13th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Henry Washington

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* Ten (10) *Days.*

Color, Colored *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 45 Biddle Alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Unknown

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 19 1875

W M Tinkine M. D.
Medical Attendant.

{*Undertaker,* John C London
Place of Business, No 63 Park Av} *Address* 192 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2268

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary Jane Stick

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* 11 *Months,* 29 *Days.*

Color, Colored *Sex,* Female.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Maryland.

Duration of Residence in the City of Baltimore, always lived in Balto

Place of Death, {Give street and number.} No 65 N. Durham St.

Cause of Death, {First (Primary,) Epilepsis

Second (Immediate,)

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, Dallis St Burial Ground

Date of Burial, April 19th 1875

Thomas L. Smith *M. D.*
Medical Attendant.

Undertaker, John A Locke

Place of Business, 85 S. Wolfe St *Address* 153 Jefferson St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT APR 19 1875 BALTIMORE

Permit No. 2269,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Rinker

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Cor Alfred St & Gilmer St

Cause of Death, {First (Primary,) Pulmonary Consumption
Second (Immediate,)

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 19 1875

{*Undertaker,* S W Chase
{*Place of Business,* No 198 Howard St

J. G. Keller M. D.
Medical Attendant.

Address 89 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 19 1875 BALT'MORE

Permit No. 2270,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Jane Hunter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 5 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} B City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 427 Hamburg st

Cause of Death, First (Primary,) Imperfect expansion of lungs

Second (Immediate,) Cyanosis

Duration of Last Sickness, life

All the above information should be furnished by the Physician.

Place of Burial, St Peters Burial Ground

Date of Burial, April 19th 1875

Ja. H. Kenney M. D.
Medical Attendant.

Undertaker, Gottlieb Hustin *Address* 76 Locust

Place of Business, Conductor B & O RR

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 19 1875 BALTIMORE

Permit No. 2271,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *immediately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 16

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Kell (City Patient)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Farmer Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hartford Co Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Balt Infirmary Lombard St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Haemorrhage from Lung,

Duration of Last Sickness, 45 days

All the above information should be furnished by the Physician.

Place of Burial, W Potters Field

Date of Burial, April 19th 1875

Undertaker, M. H. C. Perry

Place of Business, Pratt St

T. A. Ashby M. D.
Medical Attendant.

Address Balt. Infirmary,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 19 1875 BALTIMORE

Permit No. 2272

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank. Pasca Dunn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 77 Sharp St

Cause of Death, {First (Primary,) Simp. Meningitis / Second (Immediate,) Exhaustion

Duration of Last Sickness, 21 days ac

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, April 19th 1875

{*Undertaker,* John Thacher / *Place of Business,* No 150 Camden

E. S. Johnson M. D.
Medical Attendant.

Address 177 Conway / Baltimore Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT APR 19 1875 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2273

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 18 April 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johann Wirth

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 73 ~~1100~~ *Years,* 2 ~~February~~ *Months,* ~~Several~~ 16 *Days.*

Color, White *Sex,* Male

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wohlmuthhausen Germany

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 39 N. Calvert St

Cause of Death, {First (Primary,) Bronchitis capillaris
Second (Immediate,) , Exhaustion suffocation}

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, April 19

{*Undertaker,* J. Keller.
Place of Business, Hanover 21} *Address*

G. Hayes *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

APR 19 1875 HEALTH DEPARTMENT BALTIMORE

Permit No. ~~E~~ 2274

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 18th April 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August Henry Schrader

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 1 *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 28 Johnson St.

Cause of Death, {First (Primary,) Inanition
Second (Immediate,) Since birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 19th April 1875

Undertaker, Geo Cooke

Place of Business, 707 E Balto St Baltimore

R. W. Dodge M. D.
Medical Attendant.

Address 201 Hanover St Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

HEALTH DEPARTMENT APR 19 1875 BALTIMORE

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2275

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~March~~ 17th 1875 (April)

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Elizabeth Murphy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* — *Months,* 20 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D C

Duration of Residence in the City of Baltimore, about 2 Years

Place of Death, {Give street and number.} 322 Hughes St

Cause of Death, {First (Primary,) Metastatic abscess

Second (Immediate.) about one week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Washington D C

Date of Burial, April 20 1875

{*Undertaker,* J B Cook

Place of Business, No 707 W Baltimore street

W. H. McGuire *M. D.*
Medical Attendant.

Address 582 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

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The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 19 BALTIMORE

Permit No. 2276.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie A. Williams

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 3 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 Yr 11 months 3 days

Place of Death, {Give street and number.} 291. Williams st

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Dysphteria

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet *Date of Burial,* April 20th 1875

Undertaker, Armstrong & Denny

Place of Business, 263 Light St

Kenneth Cook M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 1875 BALTIMORE

Permit No. 2277.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Cullen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Hay Dealer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County Cavin Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} No 125 Ensor St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, April 20 1875

Undertaker, James P Byrne

Place of Business, No 63 N Front St

Luther Emerson M. D.
Medical Attendant.

Address 130 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 19 BALTIMORE

Permit No 2278

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Blanch Cromwell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 7 Months, Days.

Color, ~~White~~ Color'd *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 7 months

Place of Death, {Give street and number.} Bro to 5 Mont st

Cause of Death, First (Primary,) Col'd Spinal Meningitis

Second (Immediate,) one week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, 19 April 1875.

Undertaker, Chas J Scrivens

Place of Business, 270 W Lanvale st

B F Bohrer M. D.
Medical Attendant.

Address Cor Dolphin & Rose

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 13 1875 BALTIMORE

Permit No. 2279.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace Reese

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* 10 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her Life

Place of Death, {Give street and number.} 194 Mc Culloh st

Cause of Death, First (Primary,) Cerebro-Spinal meningitis

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetary

Date of Burial, April 20th 1875

Undertaker, Hughes & Co

Place of Business, Fayett & Republican St *Address* 201 Madison Ave

R. C. Williams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT 1875 BALTIMORE

Permit No. 2280

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 17th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac Wilson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cecil Co. Md.

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give street and number.} 73 N. Carey St.

Cause of Death, {First (Primary.) Strichine of the Bowel. / Second (Immediate.) Six weeks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Apre 20th

Undertaker, Hughes & Co

Place of Business, Con Fayett & Republican

J. H. P. Cuddy M. D.
Medical Attendant.

Address 363 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT ADD 1875 BALTIMORE

Permit No. 2281

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Frances Durst

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female,

Age, 20 *Years,* 2 *Months,* 4 *Days.*

Color, White *Sex,* Female,

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.} Single,

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Maryland.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 158 W. Lombard St. Baltimore

Cause of Death, First (Primary,) Phthisis pulmonalis.

Second (Immediate,)

Duration of Last Sickness, 2 mos. & 17 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, April 19th 75

John Morris M. D.
Medical Attendant.

Undertaker, Wm. J. Hughes

Place of Business, 60 East Balto *Address* No. 5, Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT

Permit No. 2282

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Allen Griffith

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, retired Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Montgomery Co Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} W. Fayette St 185

Cause of Death, {First (Primary,) Chronic Bronchitis,
Second (Immediate.) about 6 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Montg County

Date of Burial, April 18 1875

Undertaker, Bedaline

Place of Business,

Felix Scullin M. D.
148 Mulberry St
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 19 1875 BALTIMORE

Permit No. 2283

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 19th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Jesse Taylor

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* ——— *Days.*

Color, colored *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} No 7 Bethel Court

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Inantis +

Duration of Last Sickness, several months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 20th 1875

Undertaker, Wm James Gray

Place of Business, 65 Mulberry St

Edmund R Walker M. D.

~~Medical Attendant~~

~~Address~~ 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore.

HEALTH DEPARTMENT APR 13 1875 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22824

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Newton, son of H. C and E. Munay

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 weeks *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimor

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 207 Linden avenue

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,) and General debility

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount cem J. H. Butler M. D.

Medical Attendant.

Date of Burial, April 21 1875

Undertaker, C. H. Blizzard

Place of Business, 87 Fanvale st near Druid Hill av *Address* 144 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT ASS 1875 BALTIMORE

Permit No. 2285

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 18th of April 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph O'Sullivan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — ~~Years,~~ — Months, one Days

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, one day

Place of Death, {Give street and number.} 25. O'Donnell St. Baltimore

Cause of Death, First (Primary,) Exhaustion.

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's graveyard

Date of Burial, April 19th 1875.

Undertaker, P. A. Gilmore

Place of Business, 28 Canton Ave.

J. J. Sullivan, M. D.
Medical Attendant.

Address 116 Thames St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2286,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Jane Jones

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 33 *Years,* 11 *Months,* 2 *Days.*

Color, ~~Colored~~ *Sex,* Female

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, all of her life

Place of Death, {Give street and number.} 324 Milliken St Balt

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 20th 1875

Undertaker, William M. Lange

Place of Business, No 104 East St.

Geo W Wagner M. D.
Medical Attendant.

Address 18 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2287.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 17th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances Hall

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color, colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Md.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 29 S. Bethel St.

Cause of Death, First (Primary,) Acute Phthisis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 20th 1875.

Undertaker, William N. Lungee

Place of Business, Nr 104 East St.

C. Glanville Leak M. D.
Medical Attendant.

Address Balt & Washington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 22885

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 18th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Antonio M. Martinez

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, fifty *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cigar Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} In Havana, Cuba.

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} No 260 Myrtle Avenue

Cause of Death, First (Primary,) Peritonitis

Second (Immediate.)

Duration of Last Sickness, Sick one week

All the above information should be furnished by the Physician.

Place of Burial, Walnut Hill Cem

Date of Burial, April 20

Undertaker, J. J. Chatham.

Place of Business, Baltimore Address Fulton Light

W. E. Wilson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Removal & Transit - 2.62)

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2289.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Wehr

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 64 *Years,* —— *Months,* — *Days.*

Color, white *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, Street-paver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany - 36 years about

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} No 216 E Eager

Cause of Death, First (Primary,) Phthisis pul:

Second (Immediate,) Haemorrhage from lungs

Duration of Last Sickness, several months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Ct.

Date of Burial, April 21st 1875

Undertaker, Henry Meeks

Place of Business, 109 Central Av.

Edmund R Walker M. D.
~~Medical Attendant.~~ Coroner in C. Duty

Address 180 Linden ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2290

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4th mo 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary J. ~~Fairfax~~ McGarrell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* *Months,* *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 15 Exeter St

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 21st 1875

Undertaker, Henry Wilcox

Place of Business, 64 N Gay St

Wm Riley M. D.
Medical Attendant.

Address 47 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2291,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Dudley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 1 4 *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 21 Hilman St - Balto

Duration of Residence in the City of Baltimore, 4 days

Place of Death, {Give street and number.} 21 Hilman

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Enanition

Duration of Last Sickness, From birth being a premature birth

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemt

Date of Burial, Apl 20 - 76

Undertaker, John F Rodemaya

Place of Business, 102 E Monument St

E. Jno Walls M. D.
Medical Attendant.

Address 181 E. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2292,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 19th of April 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Julia Willms

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* 18 *Days.*

Color, White *Sex,*

~~*Married, Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 113 N. Konradt Av.

Cause of Death, {First (Primary,) Meningitis tuberculara
Second (Immediate,) Eclampsia

Duration of Last Sickness, 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltic Cemetary

Date of Burial, April 20th 3 o'clock P.M.

J. Mathieu M.D.
Medical Attendant

{*Undertaker,* Henry Thayer
{*Place of Business,* No 906 N. Howard st. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2293

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Margaret Rogers

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 9 Months, 12 Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number.} No. 89 Eastern Ave. cor

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate.) Convulsions

Duration of Last Sickness, About five (5) months

All the above information should be furnished by the Physician.

Place of Burial, Canton Park Cemetery

Date of Burial, April 19th 1875

Undertaker, Rich Gibney

Place of Business, 341 Canton Ave

G. L. Watkins M. D.

Medical Attendant.

Address 69 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2294

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19th April 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John R Griffith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Steamboat Captain

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore. 40 yrs

Place of Death, {Give street and number.} 170 S. Charles st

Cause of Death, First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Dorchester Co Md H. W. Nelson M. D.

Medical Attendant.

Date of Burial, April 21st 1875

Undertaker, Armstrong & Denny Address 57 Barnes

Place of Business, 263 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(76)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2295.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Rudat

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 5 *Years,* 2 *Months,* 2 *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 27 H. Bank St.

Cause of Death, {First (Primary,) Erysipelas.
Second (Immediate,)}

Duration of Last Sickness, Five Days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Grave. W. J. Gaither, M. D.
Medical Attendant.

Date of Burial, April 21".

{*Undertaker,* W. Diffel
Place of Business, south Bond st. 151 *Address* 27 H. Bank St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2296.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 19th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Unknown *Years,* *Months,* *Days.*

Color, Black *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Unknown

Occupation, Do

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Do

Duration of Residence in the City of Baltimore, Do

Place of Death, { Give street and number. } Washington University Hospital

Cause of Death, { First (Primary,) Congestion of Brain

Second (Immediate,) Unknown

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Pattens field Geo. A. Reynolds M. D.

Date of Burial, April 20th Medical Attendant.

Undertaker, Wm Donovan *Address* Washington Univ Hosp

Place of Business, Bank St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2297

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Whiteford

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} .....

Age, 1 *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,* male

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 73 S. Dallas Shut Dentition

Cause of Death, First (Primary,) .....

Second (Immediate,) .....

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Dallas St B-G

Date of Burial, April 20th 1875

Undertaker, John H Locke

Place of Business, Wolf St

James H Stein M. D.

Commiss of Health & Registrar

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Mary Whiteford (mother)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2298

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Marion Ash

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 11 *Years,* 8 *Months,* 22 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, Md

Duration of Residence in the City of Baltimore, Four Years Eight Months & Twenty two Days

Place of Death, {Give street and number.} No. 272 E. Baltimore St -

Cause of Death, {First (Primary,) Scalded
{Second (Immediate,) Congestion of the Lungs

Duration of Last Sickness, Three days & Eight hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 22nd 1875

Wm. H. Chadwick, M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 Broadway *Address* No. 93 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, It shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2299.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Lewis

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,* Male

Married, ~~Single, Widowed or Widower~~, {Cross out the words not required in this line.}

Occupation, Grain Measurer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 7 Bank Alley

Cause of Death, First (Primary,) Dyspepsia

Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, April 21 1875

Undertaker, Peter Kummert

Place of Business, Mulberry St

James H Stump M. D.

~~Wm Hand Allenbaugh~~

Commis of Health & Registrar

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Alfred Lewis a Brother

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2300

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georgiana Bacon

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 11 *Months,* *Days.*

Color, Black *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} 122 Tyson al:

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *Medical Attendant.* W. Griffith *M. D.*

Date of Burial, April 20th 1875

Undertaker, Tom C Gordon *Address* 17 Madison St.

Place of Business, Market No 163

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2301

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Bright

Sex, Male or Female, {Cross out the word not required in this line.} X

Age, *Years,* 2 *Months,* ~~19~~ *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} X

Occupation, X

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 29 orchard, r

Cause of Death, First (Primary,) Convulsions

Second (Immediate.) X

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Lamb Cemetery

Date of Burial, April 20/75

Undertaker, John L Gelson

Place of Business, Park Ave No 62 *Address*

Wm G Knowles *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2302

HEALTH DEPARTMENT APR 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 2. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Luke Penn.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* *Months,* 15 *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 15 days

Place of Death, {Give street and number.} Ward Chapel. Park Avenue above Eutaw

Cause of Death, First (Primary,) Pulmonic Pneumonia

Second (Immediate,) "

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 20th 1875

Undertaker, John C. Gordon *Address*

Place of Business, No 63 Park Av

J. R. Penn M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2303,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 19th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rose. Loretto. Roney

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Three *Years,* Five *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 220 N. Front

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 220 N. Front St

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Ab. Access.

Duration of Last Sickness, Thirty two day

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Apr 21 1875

Undertaker, James A Byrne

Place of Business, No 63 N Front St

B. F. Boyner M. D.
Medical Attendant.

Address 129 N. High.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2304

HEALTH DEPARTMENT
APR 29
1875
BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Duncan W. Kenzie

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 17 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Brooklyn N. Y.

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} St Agnes Hospital

Cause of Death, First (Primary,) Epilepsy

Second (Immediate,)

Duration of Last Sickness, About 10 years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem'y

Date of Burial, April 21st 1875

Edwd. F. Michaelis M. D.
Medical Attendant.

Undertaker, Joseph F. Byrne

Place of Business, 69 n Liberty *Address* 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2305

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 22 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick McGee

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Veterinary Surgeon

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 122 Eutaw St

Cause of Death, First (Primary,) Ulceration of bowels

Second (Immediate,) Central Effusion

Duration of Last Sickness, about 4 mos

All the above information should be furnished by the Physician.

Place of Burial, Govenstan

Date of Burial, April 21. 1875

Undertaker, Adam Fink

Place of Business, 461 North Gay St

D. C. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2306

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 20 Min 11 o'clock 19th Apric P. M

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edith - Isabella Coleman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Two *Years,* 5 ~~Mos~~ *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 2 years & 5 mos

Place of Death, {Give street and number.} Wolf St. No. 18 Lanvale

Cause of Death, { First (Primary,) Cerebro Spinal Meng.
Second (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, 21st Inst

{ *Undertaker,* Wm Fay
Place of Business, 54 N. Broadway

J. W. Keates M. D.
Medical Attendant.

Address Wm. Fay

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2307

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Fitzgerald

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 1/ *Days.*

Color, white *Sex,* ———

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Spring Row Locust Pt

Cause of Death, {First (Primary,) Congestion Bronchitis
Second (Immediate,) Croup

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 20th

{*Undertaker,* McCaull Bros
Place of Business, Saratoga St

James A Steuart M. D.
~~Street Number~~
Commit of Health & Registrar
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by John McGrann the Undertaker

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2308.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 19th 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles I. Phelps.

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 4 *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore.

Place of Death, { Give street and number. } 473 Saratoga St.

Cause of Death, { First (Primary,) Scarlatina
Second (Immediate,) Congestion of the Lungs. }

Duration of Last Sickness, 15 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Comfort

Date of Burial, the 20th of April

Undertaker, D. Kimmel *Address*

Place of Business, 311 Baltimore St.

J. W. C. Cuddy M. D.
Medical Attendant.
363 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
APR
20
1875
BALTIMORE

Permit No. 2309

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 20th April 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years,~~ 5 weeks 4 days ~~Months,~~ Days.

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore,~~ Institution 5 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, {First (Primary,) Marasmus
Second (Immediate,)

~~*Duration of Last Sickness,*~~

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemt *Medical Attendant,* Marbury Brewer M. D.

Date of Burial, ~~20 April 1875~~

{*Undertaker,* H. Shultis *Address* 201 W. Biddle St
{*Place of Business,* Monuments

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2310.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 19 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Morgan Lemda Baston

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, one *Years,* Lst — *Months,* *Days.*

Color, Light ~~Dark~~ Brown *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} parth & mother married

Occupation, Porter in tea Store

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, parth Mon Jane E. Baton mother Elze Baston

Place of Death, {Give street and number.} Baltimore Md No 290 Sterling St

Cause of Death, {First (Primary,) — Hooping Cough

Second (Immediate.)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurle Cemetary

Date of Burial, April 21 1875

{*Undertaker,* William N Sungard

Place of Business, No 144 East St

A Monk M. D.

Medical Attendant.

Address corn Parth & Pleasant St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2311. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 21 1875 BALTIMORE

Date of Death, April 20th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Partridge

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ Three Days.

Color, White ~~Sex,~~

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 27 N. Pratt St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 27 N. Pratt St

Cause of Death, First (Primary,) Doctor did not know

Second (Immediate,) " "

Duration of Last Sickness, " "

All the above information should be furnished by the Physician.

Place of Burial, Greenmount.

Date of Burial, April 21st.

Undertaker, Fredk. K. Troll.

Place of Business, 90 S. Howard.

Thomas Shearer M. D.
Medical Attendant.

Address 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty e Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish n forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person d, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2312,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1875 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, April 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances Virginia Auld

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* 8 *Months,* —— *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} ~~Sex,~~

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Norfolk Virginia

Duration of Residence in the City of Baltimore, Forty five years.

Place of Death, {Give street and number.} 307 Saratoga St.

Cause of Death, First (Primary,) General Debility of long standing

Second (Immediate,) Hypercarkasis

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. *Attended* S. N. Owings *M. D.*

Medical Attendant.

Date of Burial, 22 April 1875

Undertaker, G. S. Leary *Address* 166 W Fayette St.

Place of Business, 68 W Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2313.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles W Lee

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 16 *Years,* ~~16~~ *Months,* *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 16 yrs:

Place of Death, {Give street and number.} 2 Bunn Street

Cause of Death, {First (Primary,) Scrofula

{Second (Immediate.) Miningitis Tuberculosis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem^y W B Griffith M. D.

Medical Attendant.

Date of Burial, 22d

Undertaker, Wm H Leonard *Address* 117 Madison Street

Place of Business, 152 W. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Lloyd

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, white *Sex,* female

~~*Married*~~, ~~*Single*~~, *Widow* or ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D. C.

Duration of Residence in the City of Baltimore, 35 years.

Place of Death, {Give street and number.} 58 S. Broadway

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, old Catholic Cemetery

Date of Burial, April 23d 1875

Undertaker, Mathias A. Dayer

Place of Business, 74 S. Broadway

A. H. Erich M. D.
Medical Attendant.

Address 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23154

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laurence Hogen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* —— *Days.*

Color, white *Sex,* male

~~Married~~, *Single*, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Hillman St near Chase St

Cause of Death, First (Primary,) Spinial Disease

Second (Immediate,) " Meningites

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 22 nd 1875

Undertaker, Jas P. Byrnes

Place of Business, Front Street

James A Gleim M. D.

~~Medical Attendant~~

Commits of Health

Address Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Information by Peter Hogen Father

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 21 1875

Permit No. 2316

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lydia Shuman

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married, Single,~~ Widow ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bremen

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 226 N. Front

Cause of Death, {First (Primary,) Apoplexy
Second (Immediate,)}

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery D. L. Williams *M. D.*
Medical Attendant.

Date of Burial, April 22 1875

Undertaker, James P Byrne *Address* 201 Madison Ave

Place of Business, 1163 N Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2 And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2317.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Tuesday April 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Ann Fooks

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 44 *Years,* 0 *Months,* 0 *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Worcester Co. Md

Duration of Residence in the City of Baltimore, 26 Yrs.

Place of Death, {Give street and number.} 9 Marion St

Cause of Death, {First (Primary,) Cerebro-Spinal Meningitis

{Second (Immediate,) Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Second Cemetary

Date of Burial, April 22 1875

{*Undertaker,* William N Dunge

{*Place of Business,* No 10 E Eastern *Address*

Eugene F. Cordell M. D.
Medical Attendant.
55 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2318,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Baker

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ 8 Months, 4 Days.

Color, Black *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number.} 5 Plowman St

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Debility

Duration of Last Sickness, Always sickly. Worse 8 days before death

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery, D Webster Bethell M. D.

Medical Attendant.

Date of Burial, Apr 22 1875

{*Undertaker,* William Monroe Address 1½ S Eutaw St

{*Place of Business,* No 1 Ohe East Shd

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2319

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 20th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Pierre Fondrial.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, Sixty nine *Years,* *Months,* *Days.*

Color, White. *Sex,* ~~Color~~ Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Stone Keeper.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Burgundy. France.

Duration of Residence in the City of Baltimore, about Fifty years.

Place of Death, {Give street and number.} 213. N Howard St.

Cause of Death, {First (Primary,) Premature degeneration from Emotional anxiety
Second (Immediate,) Cancer - of the Omentum principally other organs also involved.

Duration of Last Sickness, about 15 Months.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Ground *Medical Attendant,* McClean Bibler M. D.

Date of Burial, 23rd April 1875

Undertaker, A.W. Jenkins & Son *Address* 47. Franklin St.

Place of Business, 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2320.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Charles Drinks

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, ~~Years,~~ Four Months, Eight Days.

Color, White *Sex,* Male

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 181 Madera aly

Cause of Death, {First (Primary,) Meningitis

Second (Immediate.) Effusion & Paralysis

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, 22d April 1875

{*Undertaker,* George Frothingham

Place of Business, Canton 339.

Thomas D. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 2321.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edmund Lawson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Thirty nine *Years,* *Months,* *Days.*

Color, *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Salesman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 249 Bentalou Av

Cause of Death, {First (Primary,) Paraplegia —
Second (Immediate,)

Duration of Last Sickness, About five months

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, April 22 2 O'Clock P.M.

Wm R Rowe M. D.
Medical Attendant.

Undertaker, George C Rodenmayer

Place of Business, 38 Eutaw St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2322

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 21st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie S. Grimmel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3. *Years,* 8 *Months,* 6. *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} N. 220 S. Charles st

Cause of Death, First (Primary,) Scarlatina Anginosa.

Second (Immediate.) Exhaustion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem'y

Date of Burial, April 23d 1875

Undertaker, C. F. Krause

Place of Business, 209 Hanover st

H. L. Buddenbohn M. D.
Medical Attendant.

Address 116 Columbia st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2323.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR
1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Powers

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 76 *Years,* — *Months,* — *Days.*

Color, White *Sex,* male

~~*Married, Single, Widow,*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} 22 Ramsay St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) "

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Ballo Cemetery

Date of Burial, April 22nd 1875

Undertaker, I. B. Cook

Place of Business, 707 W. Baltimore

Thomas Kelly M. D.

~~Medical Attendant~~

Commiss of Health

Address Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Isaac S. Connelly Son in Law

Permit No. 2324

OFFICE OF REGISTRAR OF VITAL STATISTICS.

APR 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Moses Kusel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, (Followed none)

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Sixty six years

Place of Death, {Give street and number.} 107 North Eden Street

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Pneumonia

Duration of Last Sickness, About Three months

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Congregation

Date of Burial, April 22d 1875

Undertaker, Moses Langgood

Place of Business, 87 Gough Street

Milton N. Taylor M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

South of Franklin, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2325

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 21st 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anthony Steele

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 7 Months, 11 Days, 17

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Broadway & Thames St

Cause of Death, {First (Primary,) Tuberculosis

Second (Immediate.) three Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bal Cemetery

Date of Burial, April 22 4 P M

Undertaker, [illegible]

Place of Business, 222 E. Balto St.

O J Mahon M. D.

Medical Attendant.

Address No 52 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2326

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Auguste Wagner

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, ~~77~~ 72 *Years,* 3 *Months,* 24 *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hanover Germany.

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and number.} No 44 Hanover St (Hanover)

Cause of Death, First (Primary,) Bronchitis chronica

Second (Immediate,) Pneumorrhagie

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cemetery

Date of Burial, April 23, 1875

Undertaker, Mathias A. Daugh

Place of Business, 74 S. Broadway

G Wagner M. D.
Medical Attendant.

Address 55 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2327.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John McDonald.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Liquor Dealer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and number.} Mount Hope. Baltimore

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Abscess in Lung.

Duration of Last Sickness, About 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 23 1875

Undertaker, James D Byrne

Place of Business, No 23 N Front St

Wm H Stokes M. D.
Medical Attendant.

Address 141 St Paul St
Baltimore.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2328

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 20th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bernard Hagued

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single, Widow*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County Louth, Ireland, Twenty Two Years

Duration of Residence in the City of Baltimore, Twenty Two Years

Place of Death, {Give street and number.} 67 Richmond Row, Corner of Richmond & Read,

Cause of Death, First (Primary,) Anasarca

Second (Immediate,)

Duration of Last Sickness, 10 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery John. I. H. Frazer M. D.

Date of Burial, April 22nd 1875 Medical Attendant.

Undertaker, James O. Byrne

Place of Business, N° 639 Front St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 22 BALTIMORE.

Permit No. 2329.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anton Marck

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, 3 Months, — Days.

Color, white — *Sex,* male

~~*Married,*~~ *Single,* ~~*Widow or Widower:*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 45 N. Chapel St

Cause of Death, {First (Primary,) Convulsions

{Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cemty James A Steuart M. D.

Date of Burial, April 22nd 1876 Commrs of Health &

{*Undertaker,* Wm Fry Registrar

{*Place of Business,* 574 N. Broadway *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by - Frank Marck (Parent)

State of Maryland, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2330

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 22d 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude Schroeder

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 38 ~~[illegible]~~ *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 6 3/4 years

Place of Death, {Give street and number.} No 28 Johnson St

Cause of Death, {First (Primary,) Pulmony Consumption

Second (Immediate,)

Duration of Last Sickness, Two years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 25th April 1875

R. W. Dodge M. D.
Medical Attendant.

{*Undertaker,* J B Cook

{*Place of Business,* 707 W Baltimore St *Address* 211 Hanover St. Baltimore Maryland

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 1878 BALTIMORE

Permit No. 2331,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 21. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wiegand Boecsel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 7/t *Years,* 4 years *Months,* 28 *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Oberandorf Kur-Hessen Germany

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 257 Mulberry St.

Cause of Death, {First (Primary,) Chron: Hepatitis

{Second (Immediate,)

Duration of Last Sickness, Two Months (2)

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 23rd 1878

{*Undertaker,* Wm Kuandstein

{*Place of Business,* 92 Hanover St *Address*

Wagner. *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2332.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Victoria Elizabeth Crumpsey

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Thirty four Years, four months Months, Twenty five Days.

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 63 S. Schroeder St

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery James E. Lutkeman M. D.

Date of Burial, April 23 Medical Attendant.

Undertaker, J B Crook cor of Gay Lane and Calhoun st

Place of Business, 707 ½ Baltimore *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 22 1875 BALTIMORE

Permit No. 2333,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Christina Weyhausen

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, One *Years,* Two *Months,* 6 *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} Cor Ann and Lancaster. No

Cause of Death, {First (Primary,) Scarlet Fever

{Second (Immediate.)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery *Thomas D. Evans* M. D.
Medical Attendant.

Date of Burial, 22nd April 1875

{*Undertaker,* Geo Frochlich *Address* No 18 Jackson Square

{*Place of Business,* 339 Canton Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 22 1875 BALTIMORE.

Permit No. 2334

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 22. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Edward Grinage

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} ..... *Months,* 20 *Days.*

Age, 2 *Years,* 1 *Sex,* Male

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md. Two years one month & 20 days

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 30 Perry St

Cause of Death, { First (Primary,) Diphtheritic Croup
Second (Immediate,)

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, April 23d 1875

{ *Undertaker,* John C Gorman
Place of Business, No 63 Park Av.

W. D. Clift M. D.
Medical Attendant.

Address 129 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 2335

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 22d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward & Sarah Mallalieu

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} ....

Age, ... *Years,* ..... *Months,* / *Days.*

Color, ... *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Mother. near Patch

Cause of Death, First (Primary,) .....

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem. per H. Henry M. D.

Medical Attendant.

Date of Burial, April 22nd 1875

Undertaker, William Warner & Co.

Place of Business, No 4 S. Paca St. *Address* H. J. Clarke

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 2336

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr. 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Monroe

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, Brown Skin *Sex,* Male

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 276 Howard St. South

Cause of Death, {First (Primary,) Tabes Mesenterica

Second (Immediate,) 4 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 22d 1875

Undertaker, S. M. Chase

Place of Business, 198 S. Howard st *Address*

A. M. Hall M. D.
Medical Attendant.

266 South Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH APR 1875 BALTIMORE

Permit No. 2337.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane Burns

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 58 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Somerset Co. Maryland

Duration of Residence in the City of Baltimore, For the past five years

Place of Death, {Give street and number.} 3 Thames St. near Shiptst

Cause of Death, {First (Primary,) Apoplexy

Second (Immediate.)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick Cemetery

Date of Burial, 23. April

Undertaker, J. Bohrn

Place of Business, 36 Thames St.

C. Edward Miller M. D.
Medical Attendant.

Address 143 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 24 1875 BALTIMORE

Permit No. 2338

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 21

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Dalchaus

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 11 *Months,* ——— *Days.*

Color, White. *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city.

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 6 Price Alley

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,) ———

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery — Abram R. Smith M. D.

Date of Burial, April 23. 1875 Medical Attendant.

Undertaker, Chas. Lossing

Place of Business, 126. E. Fayette. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

1875 APR 22 HEALTH BALTIMORE

Permit No. 2339

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 21.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George H. Files

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 1. Months, 21. Days.

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 9. Plum alley

Cause of Death, {First (Primary,) / Second (Immediate.)} Inanition

Duration of Last Sickness, ~~Days~~ 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery H Rhodon Coste M. D.

Medical Attendant.

Date of Burial, April 22nd 75

Undertaker, John B. Williams

Place of Business, 107 Light St *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 23440

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 21st 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Louisa C. Hermann

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* 8 *Months,* 16 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Baker.

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} #1039 W Pratt

Cause of Death, {First (Primary,) Consumption

Second (Immediate,) Three Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonn Cemetery Jas. G. Lashure M. D.
Medical Attendant.

Date of Burial, April 25

{*Undertaker,* Jno. P. Faulens *Address* #584 W Hoyell

{*Place of Business,* 66 Frederick av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH 22 1871 BALTIMORE

Permit No. 2341

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 22 April 1871

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mathias — Illegitimate

Sex, Male or Female, { Cross out the word not required in this line. } Female

~~*Years,*~~ ~~*Months,*~~ 4 *Days.*

Age,

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, 4 days

Place of Death, { Give street and number. } St. Vincents Infant Asylum

Cause of Death, { First (Primary,) Debility 4 days

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem Marbury Brewer M. D.
Medical Attendant.

Date of Burial, April 23rd 1871

Undertaker, H. Shulthei's *Address* 201 W. Biddle St.

Place of Business, E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

HEALTH APR 23 1875 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 2343

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 21, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Meads

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 425 Eastern Ave.

Cause of Death, {First (Primary,) Heart Disease.
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, April 24th 1875

Undertaker, H. M. Gallagher

Place of Business, 311 Caston Ave.

W. J. Gatch M. D.
Medical Attendant.

Address 244 W. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 2343.

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPT. APR 23 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 22 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa J. Glan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 15 *Years,* 8 *Months,* 1 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S.E. Cor Henrietta and Eutaw-st

Cause of Death, {First (Primary,) Cerebro-Spinal Meningitis (Inflammatory)

Second (Immediate.)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 23rd.

Undertaker, F. N. Troll

Place of Business, 90 S. Howard St.

H. W. Webster M. D.
Medical Attendant.

Address 57. Barre st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Health Department, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS

1875
BALTIMORE

Permit No. 2344

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, if properly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr. 21st 1873

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James H. Wilson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~35~~ 34 *Years,* *Months.* *Days.*

Color, Brown *Sex,* Male

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the words not required in this line.}

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Norfock Va

Duration of Residence in the City of Baltimore, Five years

Place of Death, {Give street and number.} 220 Hanover st.

Cause of Death, {First (Primary,) Acute Phthisis
Second (Immediate,) Three weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, April 22d 1873

{*Undertaker,* Wm Jones Son & Co
Place of Business, 65 Mulberry st

R. M. Hall M. D.
Medical Attendant.

Address 266 D. Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Death in State, City or County

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPT. APR 23 1875 CITY

Permit No. 2345.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 21st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A Thompson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 10 *Months,* 3 *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 7 Bethel Court

Cause of Death, {First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, five months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery D. Webster Cathell M. D.

Medical Attendant.

Date of Burial, April 24th 1875

Undertaker, Wm Stansbury Address 42 S Eutaw St.

Place of Business, 45 Baltimore Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 2346

OFFICE OF REGISTRAR OF VITAL STAT

APR 25 1875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fanny E Samson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One Year, 4 *Months,* *Days.*

Color, Bright Mulatto *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give street and number.} No 69 Oxford st

Cause of Death, First (Primary,) Bronchitis

Second (Immediate.) Tuberculosis

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary B J Bohon *M. D.*

Date of Burial, April 23rd 75 Medical Attendant.

Undertaker, Wm Jones Gray *Address* Cor Dolphin & Robert

Place of Business, 69 Oxford st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT. APR 23 1875 BALTIMORE

Permit No. 2347.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 22,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nathaniel Evans.

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 27 *Years,* ..... *Months,* ..... *Days.*

Color, Colored *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 79 Alfred St.

Cause of Death, First (Primary,) Typhoid Fever.

Second (Immediate,) Coma.

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, West River

Date of Burial, April 23d 1875

Undertaker, Wm James Gray

Place of Business, 65 Mulberry St

J. H. Keller. M. D.

Medical Attendant.

Address 89 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(77)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT. APR 23 1875 BALTIMORE MD.

Permit No. 2348.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 22 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotta Seger

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 69 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Married

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number.} Pennsylvania Avenue

Cause of Death, First (Primary,) Congestion of the lungs.

Second (Immediate,)

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery J. T. Knight M. D.

Medical Attendant.

Date of Burial, April 25th 1875

Undertaker, Andrew Seitz *Address* 112 N Greene St

Place of Business, 1182 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT. 1875 BALTIMORE

Permit No. 2349

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 22nd 11. A. M. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Kelly

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 3 Months, 20 Days.

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 91 Albemarle

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 91 Albemarle

Cause of Death, First (Primary,) Tabis mesenterica

Second (Immediate.)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 23rd 1875

Undertaker, James O. Byrne

Place of Business, 613 N. Front St

P. G. Dausch M. D.
Medical Attendant.

Address 97 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT 1875 BALTIMORE

Permit No. 2350

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~and shall fill~~ out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosie Hughes wife of Thomas Hughes

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Thirty one *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single,~~ *Widow* or ~~Widower,~~ {Cross out the words not required in this line.}

Occupation, Lady.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Not known

Place of Death, {Give street and number.} At their House - 97 Cathedral St.

Cause of Death, First (Primary,) Liver cold

Second (Immediate.) Pulmonary Consumption.

Duration of Last Sickness, Seven months.

All the above information should be furnished by the Physician.

Place of Burial, Greenmt. Cemetery.

Date of Burial, April 25th 1875

Undertaker, Jno. N. Weaver.

Place of Business, 23 N. Paca St.

Jas. A. McShane M. D.
Medical Attendant.

Address 71 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 23 1875 RECEIVED

Permit No. 2357.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Wesley Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Two *Years,* Nine *Months,* Twenty *Days.*

Color, col *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number.} n Durham 21 201

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Seven weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetry E. C. Baldwin M. D.

Medical Attendant.

Date of Burial, April 23 75

Undertaker, Wm. H. Bringe

Place of Business, No 104 East 31 *Address* 124 n Exeter 21

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 23 1875 BALTIMORE

Permit No. 2352,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 22d

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Dunn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 19 *Years,* *Months,* *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} House of Good Shepherd (Mount St)

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, about six months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery Edwd. F. Michael M. D.

Date of Burial, April 23 1875 Medical Attendant.

{*Undertaker,* Sisters

Place of Business, Address 279. W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 23 1875 BALTIMORE

Permit No. 2353.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 21st 11.45 P.M. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Stephens

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 90 Years. Months, Days.

Color, white *Sex,* female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 20 years

Place of Death, {Give street and number.} 54 Cockoie st.

Cause of Death, {First (Primary,) old age
Second (Immediate.)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Cemetery of the Holy Cross

Date of Burial, April 23. 2 o'clock pm

{*Undertaker,* 136. Saunders

Place of Business, 252 Canton Ave *Address* 27 W. Broadway

Pierre G. Dausch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 23 1875

Permit No. 23574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 22 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August Dietrich

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 45 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number.} 116 Bailey Avenue

Cause of Death, First (Primary,) Quotidian Fever

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem. City D. Schulze M. D.

Date of Burial, April 24 1875 Medical Attendant.

Undertaker, C. F. Krause.

Place of Business, 209 Hanover St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 23 1875 BALTIMORE

Permit No. 2355.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Dobson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 74 *Years,* *Months,* *Days.*

Color, White *Sex,* Male.

~~*Married, Single, Widow*~~ or *Widower,* {Cross out the words not required in this line.}

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Sixty

Place of Death, {Give street and number.} No 229 E Fayette st

Cause of Death, First (Primary,) Pericarditis

Second (Immediate,)

Duration of Last Sickness, 2 to 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 25th 75

Undertaker, Thos S Hughes

Place of Business, 40 E Balto st

James Ridgway Dade M. D.
Medical Attendant.

Address 121 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 23 1875 BALTIMORE

Permit No. 2356

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick List

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 *Years,* 4 *Months,* 7 *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 50 Portland St.

Cause of Death, First (Primary,) Acute Rheumatism at 5 years of age

Second (Immediate,) Valvular disease of the Heart

Duration of Last Sickness, four Years.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, 25th of April 1875

Undertaker, Philip Arnold

Place of Business, 35 S. Eutaw St

Louis W. Knight M. D.

Medical Attendant.

Address 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 22 1875

Permit No. 2357,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apl. 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie May McCann

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Phila'da, Pa.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Cor. Wolf & Jefferson sts.

Cause of Death, First (Primary,) Flatulent Colic

Second (Immediate,) Convulsions

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 25/75

Undertaker, Cowley

Place of Business, 54 & 56 Broadway

Charles Bagley M. D.
Medical Attendant.

Address 75 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 26 1875 BALTIMORE

Permit No. 2358

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 23 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Dietrich

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, one Day ~~Years,~~ *Months,* ~~Days.~~

Color, white. *Sex,* male

~~Married~~, *Single,* ~~Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore, one Day

Place of Death, { Give street and number. } 415 Alice Anna St

Cause of Death, { First (Primary,) / Second (Immediate,) } Premature birth.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cimitery

Date of Burial, April 24th 1875

{ *Undertaker,* H M Gilmore
Place of Business, 341 Eastern Ave.

A. F. Erich M. D.
Medical Attendant.

Address 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
APR 23
BALTIMORE

Permit No. 2359

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 23d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Dietrich

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, one day *Years,* ——— *Months,* ——— *Days.*

Color, white *Sex,* male

~~Married~~, *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 415 Alice Anna St

Cause of Death, {First (Primary,) Premature birth / Second (Immediate,)

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Mt Ephraim's Cemetery

Date of Burial, April 24th 1875

Undertaker, H. H. Gibruyer

Place of Business, 20 Central Ave

A. F. Erich M. D.
Medical Attendant.

Address 64 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 28 1875 BALTIMORE

Permit No. 2360

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled~~ *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Col. E. Jr. Gorsuch

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Attorney at Law

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~Md~~ Rockville Md. Four or Five yrs.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} #17 N. Foyston

Cause of Death, First (Primary,) Organic Disease Heart.

Second (Immediate,) Dyspepsia Chronic

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, April 24

Undertaker, Jno H. Weaver *Address* 398 N. Eutaw St.

Place of Business, Penna Ave City.

J. G. Wiltshire M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
APR 23 1875
BALTIMORE

Permit No. 2361,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Hutchison

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* Three *Months,* Three *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 162 S. Bond Str.

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery C. Edward Miller *M. D.*

Medical Attendant.

Date of Burial, April 24th.

Undertaker, Wendelin Tiefel *Address*

Place of Business, South Bond St. 151 43 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 24 1875 BALTIMORE.

Permit No. 2362

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 22 - 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Moore

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, *Years,* [illegible] *Months,* 15 *Days.*

Color, Colored *Sex,* F.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 328 Varie

Cause of Death, {First (Primary,) Cohorting Cough

Second (Immediate.) Pneumonia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, April 24th - 1875

{*Undertaker,* Wm. A. Dungee

{*Place of Business,* No 140 East St *Address* 55 & N. Eighth St

E. H. Neff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 24 1875 BALTIMORE.

Permit No. 2363,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled~~ *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 22. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca M. Russell

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} No 7 N. Stricker St

Cause of Death, {First (Primary,) Uterine Cancer

Second (Immediate,)

Duration of Last Sickness, About two years

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Apr 24th

Undertaker, Hughes & Co

Place of Business, 530 W Fayette St

Thomas Shearer M. D.
Medical Attendant.

Address 97 N. Stricker St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

APR 24 1875 BALTIMORE.

Permit No. 2364

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Jenkins.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 69 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Retired, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 69 years

Place of Death, {Give street and number.} Baltimore. 100 Park Ave.

Cause of Death, {First (Primary,) Apoplexy Paralysis three years
Second (Immediate.)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ol Cathedral Cem[t] Henry Jenkins M. D.
Medical Attendant.

Date of Burial, 24th April 1875

Undertaker, H. J. Jenkins & Son *Address* 148 Mulberry St.

Place of Business, 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

APR 24 1875 HEALTH DEPARTMENT BALTIMORE.

Permit No. 2365

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Mud

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* 3 *Months,* 1 *Days*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bath, Maine.

Duration of Residence in the City of Baltimore, United Year

Place of Death, {Give street and number.} 77 Centre Street Balto

Cause of Death, First (Primary,) Facial Erysipelas

Second (Immediate.) Sy phlitic Fever.

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Govanstown Balto Co

Date of Burial, 26th April 1875

Undertaker, Hy McJenkins Son *Address* 71 Franklin Street.

Place of Business, 16 Light St

Wm. H. McHenry M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 24 1875 BALTIMORE.

Permit No. 2366,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John C. Peters

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore all his life

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 5 Amity St.

Cause of Death, {First (Primary,) Scarlatina
Second (Immediate,) Diphtheria

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County *Medical Attendant* Theodore Dietz M. D.

Date of Burial, April 24th 1875

{*Undertaker,* Chas. F. Herold *Address* 146 Hanover St
{*Place of Business,* 6 Amity St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 24 1875 BALTIMORE

Permit No. 2367.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Snyder

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 40 Abey's Alley

Cause of Death, {First (Primary,) Convulsions
Second (Immediate,)

Duration of Last Sickness, about 1 hour.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 25 1875

Undertaker, Curtis & Bendel

Place of Business, 161 Hanover St.

R. J. N. Tall, M. D.
Medical Attendant.

Address 158 S. Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 24 1915 BALTIMORE.

Permit No. 2368

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 23.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Johnson

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} Male

Age, 59. *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single,*~~ ~~*Widow*~~ *or* ~~*Widower,*~~ {Cross out the words not required in this line.} Married

Occupation, Stevedore

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} S. Eden St No 177.

Cause of Death, {First (Primary,) Typhoid Fever
Second (Immediate,)

Duration of Last Sickness, 19 Days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 24 th

{*Undertaker,* Michael Funk
Place of Business, No. 35 Bank

John A Schulte M. D.
Medical Attendant.

N E Cor Eden & Fayette Sts
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH APR 24 1875 BALTIMORE, MD.

Permit No. 2369.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 5 o'clock P. M. April 23rd 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Ann Tudor (Widow)

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.} Female

Age, 57 *Years,* ~~*Months,*~~ ~~*Days.*~~

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 57 years

Place of Death, {Give street and number.} 128 Chapel St

Cause of Death, {First (Primary,) Jaundice

{Second (Immediate,)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery J. P. Mears M. D.

Date of Burial, 25th April Medical Attendant.

{*Undertaker,* Jno. S. Weaver,

{*Place of Business,* 22 W. Lombard St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 20 1876 BALTIMORE

Permit No. 2370.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles F. Chenoweth

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, white *Sex,* male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 480 W. Lexington

Cause of Death, {First (Primary,) Pulmonary Emeumptism

{Second (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery J. H. Keller M. D.

Medical Attendant.

Date of Burial, April 25th

Undertaker, Joz Loane *Address.* 89 N. Greene St.

Place of Business, 568 N. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 1895 BALTIMORE.

Permit No. 2371

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *separately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 23rd April 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary Theresa Spence

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 73 Years, — Months, — Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation, No. Ferry

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 63 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Balto. 189 Hanover St.

Cause of Death, First (Primary,) Chronic Rheumatism

Second (Immediate,) "

Duration of Last Sickness, some years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount — F. Donaldson M. D.
Medical Attendant.

Date of Burial, 26th April

Undertaker, [redacted] Irwin Address

Place of Business, 206 Forest Balto.

G. W. Spence

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT RECEIVED APR 29 1875 BALTIMORE.

Permit No. 2372

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Louisa Bald

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} ... *Months,* ... *Days.*

Age, 78 *Years,* ... *Sex,* Female

Color, White

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 41 years

Place of Death, {Give street and number.} 91 Penna Ave

Cause of Death, {First (Primary,) / Second (Immediate.)} Old Age / one week

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 26th 1875

{*Undertaker,* And Leitz / *Place of Business,* 118 Aund Hill Av}

... *M. D.*

Address Commiss of Health / Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by— W. Charles Bald (Grandson)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 1875 BALTIMORE.

Permit No. 2373.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 23. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Stark (Stark)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 4 2 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Hames Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and number.} 88 Granby st

Cause of Death, First (Primary,) Capillary Bronchitis

Second (Immediate,) 8 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, April 26 1875

Undertaker, Jas A Byrne

Place of Business, 63 n Front st *Address* 75 E. Balto st

J. H. Hack M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 24 BALTIMORE

Permit No. 2374

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H Gearly

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 46 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, Cigar Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Whole lifetime

Place of Death, {Give street and number.} 373 N Gay st

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate.)

Duration of Last Sickness, twelve months

All the above information should be furnished by the Physician.

Place of Burial, Bolt Cemetery

Date of Burial, April 25th 1875

Undertaker, W. H. Hickman

Place of Business, 234 N Gay St

D W Chester Cathell M. D.
Medical Attendant.

Address 12 S Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 1875 BALTIMORE

Permit No. 2375.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apl 23" 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 75 *Years.* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, Forty seven years

Place of Death, {Give street and number.} 136 Hanover St.

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate.) Two weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field

Date of Burial, April 24th 1875

Undertaker, M. H. C. Penn *Address* 143 N Eutaw St

Place of Business, W. Pratt St

W D Booker M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2376

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Collins

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 76 *Years,* 1 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Arundel

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 61 Frederick Avenue

Cause of Death, { First (Primary,) Rheumatism

Second (Immediate,) Protration from old age

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Monday April 26th 75

Undertaker, Jno. G. Kelly M. D.

Medical Attendant.

Place of Business, 23 W. Fayette St. *Address* 69 Frederick Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23771

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Rebecca Sayx

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Col'd *Years,* 2- *Months,* *Days.*

Color, *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lemmons alley Balto and 8 yrs 2 mo's

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 49 Lemmons alley Balto

Cause of Death, { First (Primary,) Consumption

Second (Immediate.)

Duration of Last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 24 1875

{ *Undertaker,* H H Chase

{ *Place of Business,* No 198 Howard St

J M Scatterwhite M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT. APR 1875 BALTIMORE

Permit No. 2378.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr. 23 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georgt Kidd

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, Months, 21 Days.

Color, Brown *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 11 Peach alley

Cause of Death, {First (Primary,) Inanition

{Second (Immediate.) Since birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 26 1875

Undertaker, H. H. Chase

Place of Business, 181 W. Howard st *Address* 266 S. Sharp st.

R. M. Hall M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2379

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 23. 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. Alfred Neuman

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, *Years,* 9 *Months,* 14 *Days.*

Color, Mulatto *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 16 Ellen Lane

Cause of Death, {First (Primary,) Congestion of Brain

Second (Immediate,) 4 Hrs Lewis M Eastman

Duration of Last Sickness, 4 Hrs

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery Lewis M Eastman M. D.

Medical Attendant.

Date of Burial, April 25 1875

Undertaker, W H Chase *Address* 319 Lexington

Place of Business, No 178 W Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 24 BALTIMORE

Permit No. 2380.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Thomas Jackson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* Four *Months,* *Days.*

Color, red *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Chew 1115

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) Pneumonia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, 23 April

E. C. Baldwin M. D.
Medical Attendant.

Undertaker, James H. Davis

Place of Business, No 12 Saratoga St Address 124 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 24 BALTIMORE

Permit No. 2387

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt Davis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* & 9 *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 19 Hill St.

Cause of Death, First (Primary,) Pertussis

Second (Immediate.) Dropsy (General)

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Bulb Comet

Date of Burial, April 26/75

Undertaker, Armstrong & Devey *Address*

Place of Business, 263 Light St

R. C. Lee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

(This child was not attended by me in his last sickness)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH APR 24 1875 BALTIMORE

Permit No. 2382

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 23rd April

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Heberer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Neuhaus - Bavaria - Germany

Duration of Residence in the City of Baltimore, Five years

Place of Death, {Give street and number.} 165 Peace str.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate.) " "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 25th April

Undertaker, Peter Kimmel

Place of Business, 317 Mulberry st.

L. C. Horn M. D.
Medical Attendant.

Address Cor. Myrtle Ave & Mulberry st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 24 1875 BALTIMORE

Permit No. 2383

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death occurs, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 23rd April, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Frances Fawkes Mansfield

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 2 *Months,* 20 *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} "

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 28 North Pine St.

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number.} 923 West Baltimore St.

Cause of Death, {First (Primary,) Scarlet Fever,
Second (Immediate.)} 13 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Sunday 24—1875

Undertaker, J. B. Blackiston & Son *Address.* 231 Franklin St.

Place of Business, Balt St. 606

S. W. Sittell, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. ~~C~~ 23814

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 23.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mahala Ann Haywood

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} = Days.

Age, 65 Years, = Months,

Color, Black *Sex,*

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Washer-woman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Somerset County Maryland

Duration of Residence in the City of Baltimore, 16 yrs

Place of Death, {Give street and number.} 211 Hughes St

Cause of Death, { First (Primary,) Injury to Thorax Crushed between Mean Cart
Second (Immediate,) Pleuritic Effusion

Duration of Last Sickness, One week - Under Coalmeal 2 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon County

Date of Burial, April 26th

Undertaker, John R. Williams

Place of Business, 104 Light St

Julius Hall M. D.
Southern Dispensary Medical Attendant.

Address 306 Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2385

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Infant Son of R & Mary Grant

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* one *Days.*

Color, Black *Sex,* male

~~*Married,*~~ *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 30 Goodmans alley

Cause of Death, {First (Primary,) Exhaustion — Prem

Second (Immediate,) Premature

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 26th 1875

Undertaker, J B Williams

Place of Business, 107 Lee Str

James A Stewart M. D.

~~Medical Attendant~~

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2386

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} R. & Mary Grant. (Twins)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} male

Age, ... *Years,* ..... *Months,* one *Days.*

Color, Black *Sex,* male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 30 Goodmans Alley

Cause of Death, {First (Primary,) Exhaustion / Second (Immediate.) Premature Birth

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 26th 1875

Undertaker, D. B. Williams

Place of Business, 107 Lee St

James A. Steuart M. D.
Medical Attendant.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2387

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 26 1875 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 23 d

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George W. Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 27 *Years,* *Months,* *Days.*

Color, Brown *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Stevadore

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, Fifteen Years

Place of Death, {Give street and number.} 47 S. Durham St

Cause of Death, First (Primary,) Pulmonary Sanguine

Second (Immediate,) Pulmonary Tuberculosis

Duration of Last Sickness, Five Weeks

All the above information should be furnished by the Physician.

Place of Burial, Asbury Burial Ground

Date of Burial, April 25th 1875

Undertaker, John W. Seeks

Place of Business, 65 S. Wolfast

Wm. F. & Wm. Wilson M. D.
Medical Attendant.

Address 116 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9388

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac Newton Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* — *Months,* — *Days.*

Color, White — *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Has been a Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 129 N Exeter St

Cause of Death, First (Primary,) Disease of the lungs

Second (Immediate,) — Lung Fever

Duration of Last Sickness, Abt Six Months & Weeks abt 3 week.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, April 26th 1875

Undertaker, W. H. Hickman

Place of Business, 234 W Gay St

R Hammond M. D.

Medical Attendant.

Address 53 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2389

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Bailey

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. }

Age, 36 *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Male

~~*Married, Single,*~~ *Widower,* { Cross out the words not required in this line. }

Occupation, Hostler

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Petersburg Va

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, { Give street and number. } 17 Raborg St

Cause of Death, { First (Primary,) Rheumatism

{ Second (Immediate.) Dropsy (Chronic)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetry

Date of Burial, April. 25. 1875

{ *Undertaker,* Samuel W Lehmark

{ *Place of Business,* 1190 S. Howard St *Address* 23 N. Green St

J. A. Gillis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2390

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edgar Dupont

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, [illegible] *Years,* *Months,* [illegible] *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 166 N. Canal St

Cause of Death, { First (Primary,) Congestion of Brain
Second (Immediate,) Convulsions

Duration of Last Sickness, About 9 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, Monday 26th, 1875

{ *Undertaker,* Jno. Cramer
{ *Place of Business* No. 219 Canton Avenue *Address*

L. Little M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 26 1875 BALTIMORE

Permit No. 2391.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 25: 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Gibney

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Seventy *Years,* *Months,* *Days.*

Color, White *Sex,* —

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Dentist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Barts. West India Islands.

Duration of Residence in the City of Baltimore, Nearly all his life.

Place of Death, {Give street and number.} 32 N. Gay St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Exhaustion

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery. Christopher Johnston M. D.
Medical Attendant.

Date of Burial,

Undertaker, John H. Weaver, *Address* No. 82 Franklin St

Place of Business, 32 N. Gayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 26 1875 BALTIMORE.

Permit No. 2392

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin Gorman

Sex, Male or Female, {Cross out the word not required in this line.} —— *Years,* —— *Months,* ten *Days.*

Age, —— *Sex,* male

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, 2. life

Place of Death, {Give street and number.} N: 94 Somerset St.

Cause of Death, First (Primary,) tetanus maxillaris

Second (Immediate.) exhaustion

Duration of Last Sickness, about four days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Ct

Date of Burial, April 26th 1875

Undertaker, H Heath

Place of Business, 319 Central Ave.

C. T. Trautman M. D.
Medical Attendant.

Address 187 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 26 1875 BALTIMORE

Permit No. 2393

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John A. Ahlendorf

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 2 Months, 7 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 months, 7 days

Place of Death, {Give street and number.} 389 Eastern Ave.

Cause of Death, First (Primary,) Gastro-intestinal Catarrh

Second (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmell Cimitery James F. McShane M. D.

Medical Attendant.

Date of Burial, April 26th 1875

Undertaker, R. H. Gilmore Address 254 Eastern Ave.

Place of Business, 341 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 26 1875 BALTIMORE

Permit No. 2394

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 25 April 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Champion Stivers

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 52 *Years,* ~~*Months,*~~ ~~*Days.*~~

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Machinist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Camden New Jersey

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} 102 Preston Street

Cause of Death, {First (Primary,) Chronic Bright's disease / Second (Immediate,) Cerebral Effusion & coma.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, April 27th

Undertaker, Wm. J. Dickey

Place of Business, 65 S. Gilmor *Address* 201 Biddle Street

Marbury Brewer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 28 1875 BALTIMORE

Permit No. 2395

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 24th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jasper Christian

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} ..... *Days.*

Age, 28 *Years,* *Months,*

Color, Black *Sex,* Male

Married, ~~Single, Widow, Widower~~, {Cross out the words not required in this line.}

Occupation, Hod Carrier

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, Nine years

Place of Death, {Give street and number.} 112 Harmony Lane

Cause of Death, {First (Primary,) Phthisis

{Second (Immediate,) Five Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Chapel St Burial Ground

Date of Burial, April 26. 1875

{*Undertaker,* D. B. Nelson

{*Place of Business,* 20 ½ Myrtle ave

J. J. Darling M. D.
Medical Attendant.

Address 143 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 26 1876 BALTIMORE.

Permit No. 2396

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 25th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Smith

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, [illegible] *Years,* [illegible] *Months,* [illegible] *Days.*

Color, White *Sex,* Female

Married, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. } Single

Occupation, Domestic Retired

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore County

Duration of Residence in the City of Baltimore, 39 Years

Place of Death, { Give street and number. } N. E. Cor Broadway & Eutaw

First (Primary,) Pulmonary Consumption

Cause of Death, { Second (Immediate,) Pneumonia

Duration of Last Sickness, Indefinite - some months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 26th 1876

Undertaker, Wm Weaver *Address*

Place of Business, 1048 David Alley

_____ *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE APR 26 1875

Permit No. 2397.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 24. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Boston

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 13. *Years,* *Months,* *Days.*

Color, Black. *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annapolis

Duration of Residence in the City of Baltimore, 12 years.

Place of Death, {Give street and number.} Pattisons Lane

Cause of Death, First (Primary,) Cyprosis & Neglect.

Second (Immediate,) Febris Typhoidis from worms.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 26th 1875

Undertaker, Wm Jones Gray

Place of Business, 15 Mulberry St

A. Tinsley M. D.
Medical Attendant.

Address 454. N. Carey St
West

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE APR 26 1875

Permit No. 2398

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Caroline Garland

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White *Sex,* widow

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, About fifteen years

Place of Death, {Give street and number.} 49 N. Eutaw St

Cause of Death, First (Primary,) Chronic Bronchitis & Heart Disease

Second (Immediate,) Paralysis of the Lungs

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.y Thomas Shearer M. D.

Medical Attendant.

Date of Burial, April 27th 1875

Undertaker, Wm Weaver *Address*

Place of Business, 16 & 96 David Hill Fare 95 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 26 1893 BALTIMORE.

Permit No. 2399.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *separately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apl 23rd 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Bergmann

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 62 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* .....

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Liquor Dealer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Austria

Duration of Residence in the City of Baltimore, 4 Months

Place of Death, {Give street and number.} Franklin Hospital

Cause of Death, First (Primary,) Cirrhosis of Liver

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem Dear J. Conway *M. D.*

Medical Attendant.

Date of Burial, April 26th 93

Undertaker, H. Schuchtau *Address* Franklin Hospital

Place of Business, E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 26 1875 BALTIMORE

Permit No. 2400

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm McKenna

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Barnes Street Baltimore City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} No 99 Exeter St

Cause of Death, {First (Primary,) / Second (Immediate,)} Scald from Scalygraph.

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, April 26 1875

{*Undertaker,* James D Byrne / *Place of Business,* No 63 N Front St

Dr R Harcum M. D.
Medical Attendant.

Address 153 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 26 1875 BALTIMORE

Permit No. 2401

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Matthews

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, House Wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, {Give street and number.} (Hog) 3 Stg alley

Cause of Death, First (Primary,) Old age

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, April 26 1875

Undertaker, James O Byrne

Place of Business, N° 630 W Front St

A Siegert Shertzer M. D.
Medical Attendant.

Address 117 E Baltimore St

Shaw attended this person for a short time thought Shaw was not her proper physician but am satisfied she died from old age & general debility

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 26 1875 BALTIMORE

Permit No. 2402

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George H. Beckett

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2d *Years,* 5 *Months,* 10 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 241 Columbia St Baltimore

Cause of Death, {First (Primary,) / Second (Immediate,)} Erysipelas

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, April 26th 1875

Undertaker, John S Becker

Place of Business, No 150 Camden St

C. C Richardson M. D.
Medical Attendant.

Address 302 W. Fountain St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 26 1875 BALTIMORE

Permit No. 2403,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 25th A.D. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augustus F. Scevers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Sixty two *Years,* Four *Months,* Seventeen *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Retired Merchant.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick County - Virginia

Duration of Residence in the City of Baltimore, about Thirty five years

Place of Death, {Give street and number.} 81 Franklin Street

Cause of Death, First (Primary,) Abscess of the Shoulder in an infirm constitution.

Second (Immediate.) Exhaustion and Septicaimia —

Duration of Last Sickness, One Month and Eighteen days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery *Physician* Henry R. Noel M. D.

Medical Attendant.

Date of Burial, April 27th 1875

Undertaker, R. Runnette John *Address* No 10 N. Carey St.

Place of Business, 92 Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 29 1875 BALTIMORE

Permit No. 24044,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 25 April 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Lynch

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ 3 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 123 Lemmon Street

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} 54 Rock Street

Cause of Death, {First (Primary,) Enteritis
Second (Immediate,) Convulsions

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemtery

Date of Burial, 27 April 1875

{*Undertaker,* Geo. Saffram
Place of Business 121 Penn. Avenue

Marbury Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE APR 26 1875

Permit No. 2405

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 25th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Daly

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 47 *Years,* 10 *Months,* 28 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland, 30 years in country.

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} Elizabeth Lane, No number

Cause of Death, {First (Primary,) Heart-disease.
Second (Immediate,)

Duration of Last Sickness, Died Suddenly.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemty J. E. Hannyton M. D.
Medical Attendant.

Date of Burial, 26th April.

Undertaker, Julius Koehler. *Address* 364 Light St.

Place of Business, Cor Sharp and Cross Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2406

HEALTH DEPARTMENT APR 26 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leah Evans

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 5-8 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 5-8 years

Place of Death, {Give street and number.} 209 N Dallas st

Cause of Death, { First (Primary,) Apoplexy
Second (Immediate,)

Duration of Last Sickness, 8 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 27th 1875

{ *Undertaker,* Wm. H. Richman
Place of Business, 234 N. Jay St.

Wm. L. Turnell M. D.
Medical Attendant.

Address Broadway & Madison Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 1875 BALTIMORE

Permit No. 2407.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 24th, 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Teresa Reynard

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years,~~ 5 *Months,* ~~Days~~ 26 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 94 Park Avenue

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 94 Park Avenue

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Enteritis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, London Park. Thomas Shearer M. D.

Medical Attendant.

Date of Burial, Apl. 26-

Undertaker, Hy Meyer

Place of Business, 106 N. Howard. *Address* 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 26 BALTIMORE.

Permit No. 2408.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Sayers

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Seven *Years,* Two *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 1½ Duttery alley

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery H. S. Bowie M. D.

Date of Burial, April 26 1876 Medical Attendant.

Undertaker, H Release *Address* 4 McCulloh St

Place of Business, No 199 W Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 23 1875 BALTIMORE

Permit No. 2409.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 25th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Sadella Hilton

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, Three *Years,* Nine *Months,* Twenty one *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Chester Pennsylvania

Duration of Residence in the City of Baltimore, about 2 months

Place of Death, {Give street and number.} No 9 Gorsuch Alley

Cause of Death, {First (Primary,) Apoplexy, Second (Immediate,) Convulsions

Duration of Last Sickness, about Ten hours

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, April 26 1875

Undertaker, H R Chase

Place of Business, No 198 Howard St

Wm. Gross M. D.
Medical Attendant.

Address 150 W. Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT APR 25 1875 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2410,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 25th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo W. Caldwell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 25 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number.} No 19 N Front St

Cause of Death, First (Primary,) } Suicide by
Second (Immediate.) } hanging

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balti Cemetery

Date of Burial, June 26. 1870

Undertaker, J P Byrne

Place of Business, N Front St

Edmund R Walker M. D.
~~Medical Attendant~~
Coroner P. Dist

Address 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 26 1895 BALTIMORE

Permit No. 2411

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apl 25 95

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Edward Mc

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 2 *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 112 N. Bond St

Cause of Death, { First (Primary,) Bronchitis
Second (Immediate,) Pneumonia
Bronchitis & Croup

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Apr 26/95

{ *Undertaker,* Hughes & Co
Place of Business, 65 S Broadway

Address

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

APR 26 1875 BALTIMORE

Permit No. 2412

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 24th inst - April 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Murray

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, about 70 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.} W

Occupation, Midwife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Roscommon Co. Ireland

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number.} 120 S. Central ave.

Cause of Death, {First (Primary,) / Second (Immediate.)} Tumor in the Abdomen for months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, April 26 1875

John F. Mennonier, M. D.
Medical Attendant.

Undertaker, James D Byrne

Place of Business, No 63 West Fort st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

HEALTH DEPARTMENT APR 27 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2413.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 25.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie B. Shields

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Boots.

Duration of Residence in the City of Baltimore, entire life

Place of Death, {Give street and number.} 24 Perry all,

Cause of Death, {First (Primary,) (Mucous Entritis) Fourth day.
Second (Immediate.) Convulsion Syphilis,

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 25th 1875

Undertaker, Wm Sims Son

Place of Business, 65 Mulberry st Address 65 Lombard St.

W. H. A. Knox M. D.
Medical Attendant.

Complicating Perfusion.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 27 1875 BALTIMORE MD.

Permit No 2414

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Flora Florida

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 1 *Months,* ____ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Baby

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 331 E. Lombard St, Baltimore Md.

Duration of Residence in the City of Baltimore, during life.

Place of Death, {Give street and number.} 331 E. Lombard St. Baltimore Md

Cause of Death, {First (Primary,) convulsions. / Second (Immediate,) ____

Duration of Last Sickness, one day.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, April 27th 9 a.m.

John Morris *M. D.*
Medical Attendant.

Undertaker, John Grant

Place of Business, 77 S. Wolfe *Address* 1107 E. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 27 BALTIMORE

Permit No. 2415

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 26th 1872

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary O'Connor

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 48 *Years,* — *Months,* — *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County Antrom Ireland

Duration of Residence in the City of Baltimore, 23 years.

Place of Death, {Give street and number.} 70 Hampstead St

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 4 months.

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Holy Cross

Date of Burial, April 27th 1872

Undertaker, A. Kohler

Place of Business, 244 E Lombard *Address* 137 Aliceanna

J. Knapp M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
APR
27
1875
BALTIMORE

Permit No. 2116

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 26

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mrs Kate Mathews

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, {Give street and number.} Fordrick Avenue 108

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, About Eight Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetry

Date of Burial, April 28

Undertaker, J B Cook

Place of Business, 707 Wdy Address Baltimore St

Chas A Thomas M. D.
Medical Attendant.

Residence
Abandonment St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 27 1875 BALTIMORE

Permit No. 2417.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Monday April 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Freddy Clarence Fooks

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, 1 *Years,* 8 *Months,* 17 *Days.*

Color, Dark *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 9 Marion St. Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 9 Marion St. Baltimore

Cause of Death, {First (Primary,) Cerebro Spinal Meningitis

{Second (Immediate,) Exhaustion

Duration of Last Sickness, 1/2 days.

All the above information should be furnished by the Physician.

Place of Burial, Lovel Cemetery Eugene F. Cordell M. D.

Medical Attendant.

Date of Burial, Apr 27 1875

Undertaker, William Monroe *Address* 55 Lexington St.

Place of Business, No 104 East Shed

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the [illegible]

HEALTH DEPARTMENT APR 27 1875 BALTIMORE

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. № 2418

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Olive Virginia Culver

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 7 *Months,* 26 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} № 42 S. Gilmour St

Cause of Death, First (Primary,) Peduscles

Second (Immediate,) Paralysis

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 28th 1875

Undertaker, John Thacker

Place of Business, No 150 Camden

Lambert W. Womble M. D.
Medical Attendant.

Address No 203 W. Lombard St. Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 27 1875 BALTIMORE

Permit No. 2419

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 26. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Prudence, Sophia, Gough Reid

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 55 *Years,* 2 *Months,* 7 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 36 years.

Place of Death, {Give street and number.} 18 Laurel St.

Cause of Death, {First (Primary,) Acute Cerebritis

Second (Immediate.)

Duration of Last Sickness, Has been an invalid 40 years. Ill 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, April 28th 75

Undertaker, Thos S Hughes

Place of Business, 19 E Balto St

Jas. S. Powell M. D.
Medical Attendant.

Address 92 E. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 27 BALTIMORE

Permit No. 2420

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 26th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Yockel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 11 *Years,* 2 *Months,* 4 *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

~~Duration~~ of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 178 Madison St

Cause of Death, First (Primary,) Rheumatism

Second (Immediate.) Pneumonia & Pericarditis

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Saint Alphonsus Cem

Date of Burial, April 28th 1875

Edward A. Davis M. D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 486 Druid Hill Avenue *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2421

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Henry Simms

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color, c d *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 7 Stockholm St

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and number.} No 7 Stockholm St

Cause of Death, First (Primary,) ____ Second (Immediate,) Cholera

Duration of Last Sickness, 5 days Had no physician

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James A Steuart M. D.

Date of Burial, April 27 1875 Health Commissioner

Undertaker, S H Chase *Address* Registrar

Place of Business, No 198 Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by S. H. Chase Undertaker

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 25 1873 BALTIMORE

Permit No. 2422

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 25th April 1873

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude Matilda Pembrook

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 10 *Months,* ____ *Days.*

Color, Black *Sex,* ____

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 10 months

Place of Death, {Give street and number.} 154 N Bethel st

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Tubercular Disease of Brain

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Lauren Cemetery

Date of Burial, April 27 1873

Undertaker, [illegible]

Place of Business, 51 Howard St

Wm. L. Russell M. D.
Medical Attendant.

Address 1 Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT 27 1875

Permit No. 2424,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Diviny

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* — *Months,* — *Days.*

Color, *Sex,* Fem.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Galway Co. Ireland.

Duration of Residence in the City of Baltimore, 9 years.

Place of Death, {Give street and number.} 119 Leadenhall St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis –
Second (Immediate.) about 2 years.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 28 1875

{*Undertaker,* James D Byrne
Place of Business, No 63 N Front St

P. F. X. Tall M. D.
Medical Attendant.

Address 158 S Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 27 BALTIMORE

Permit No. 24126

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 26.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hatley A Shanley

~~Sex~~, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 8 *Years,* 5 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Richmond

Duration of Residence in the City of Baltimore, Seven Years.

Place of Death, {Give street and number.} S. Eden & Pho 117.

Cause of Death, {First (Primary,) Scarlatina Anadigina

Second (Immediate,)

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery John A Schmidt M. D.

Date of Burial, Wednesday April 28/75 Medical Attendant.

{*Undertaker,* H. C. Middlefield

{*Place of Business,* 115½ N Calvert St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT APR 27 1875 BALTIMORE

Permit No. 2425

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 25

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Kate Kane

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line} Single

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Not known

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, {Give street and number.} Balt Infirmary, Lieutenant St.

Cause of Death, {First (Primary,) Gastric Fever.

Second (Immediate.)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cimetry T. A. Ashby M. D.

Date of Burial, 27 April. Medical Attendant.

Undertaker, R. I. Gill

Place of Business, 83 Columbia Strt *Address* Balt Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 22 1875 BALTIMORE

Permit No. 2426

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Cuthin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Sixty Two *Years,* four *Months,* fifteen *Days.*

Color, White *Sex,* female

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, [illegible]

Birthplace, {State or country (and how long in the United States, if of foreign birth.} German Empire

Duration of Residence in the City of Baltimore, Ten Years.

Place of Death, {Give street and number.} 1326 North Hoyard St

Cause of Death, {First (Primary,) Chronic Bronchitis / Second (Immediate,) Asthenia

Duration of Last Sickness, about three months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, April 28 1875

Undertaker, H. Hoerle

Place of Business, 309 Central Ave. *Address* 1187 E. Monument St

C. J. Faulmann M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 24 1875

Permit No. 21271

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Adelaide Foster

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 21 *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 58 West St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 158 West St

Cause of Death, {First (Primary,) Meningitis

{Second (Immediate,)

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, West Lorne.

Date of Burial, 28th of April.

{*Undertaker,* Jobis Keller.

{*Place of Business,* 8 or Harp. and Bro. sts.

Geo. K. Dunsan M. D.
Medical Attendant.

Address 111 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2428,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apl, 26th '75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gustav Blacke

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, one *Years,* *Months,* Twenty *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, one yr twenty days

Place of Death, {Give street and number.} 40 Jackson-Square Av.

Cause of Death, First (Primary,) Enteritis (Diarrhoeal,

Second (Immediate,) Convulsions

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cemetery

Date of Burial, April 27th.

Undertaker, Peter Tracy

Place of Business, 91 Eden Av

Charles Bagley M. D.
Medical Attendant.

Address 75 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
APR
1915
BALTIMORE

Permit No. 21129

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 26/15.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry A. Luding

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 31 *Years,* 4 *Months,* 15 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Druggist & Apothecary

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 30 yrs in U.S.

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} 1145 Gardiner ave Md.

Cause of Death, First (Primary,) Consumption (Phthisis Pulmonalis).

Second (Immediate.)

Duration of Last Sickness, Several Years

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Jno. R. Quinan M. D.

Medical Attendant.

Date of Burial, April 28 1875

Undertaker, A. F. Krause *Address* Cor Gilmor & Hollins Sts

Place of Business, 207 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 27 1875 BALTIMORE

Permit No. 24311

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ernest Moore

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Charles Co Md

Duration of Residence in the City of Baltimore, 8 Months

Place of Death, {Give street and number.} Corner Biddle & Dallas Sts

Cause of Death, {First (Primary,) Abdominal tumour, probably
~~Second (Immediate,)~~ Mesenteric

Duration of Last Sickness, 13 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemy

Date of Burial, April 28th 1875

Elias C. Price M. D.
Medical Attendant.

{*Undertaker,* John H Weaver
Place of Business, Fayette St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
AUG 23
1875
BALTIMORE

Permit No. 2431

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 26 April 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna G. Miller

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, Years, 5. Months, 16 Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, Grocer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 665 Pennsylvania Av.

Cause of Death, First (Primary,) Hydrocephalus

Second (Immediate,)

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon park Cem

Date of Burial, 28 of April

Undertaker, C. Wiegand

Place of Business, 53 Druid Hill Ave *Address*

John M. P. Beattie M. D.
Medical Attendant.
No 88 E. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

BALTIMORE APR 1875 BALTIMORE.

Permit No. 2432

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 26th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Gallagher

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 90 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 70 years

Place of Death, {Give street and number.} 118 S. Howard St.

Cause of Death, First (Primary,) (Old age,)

Second (Immediate,) about 2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, R C Cathedral

Date of Burial, April 28 1875

Undertaker, C F Krause

Place of Business, 207 Hanover

Felix Jenkins M. D.
Medical Attendant.

Address Mulberry & Green

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2433,

HEALTH DEPARTMENT APR 29 1878 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 27 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Mary V. Moore

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 87 Gilmor Street

Cause of Death, { First (Primary,) Phthisis
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 29 1878

Undertaker, C F Krause

Place of Business, 209 Hanover St *Address* —

Andrew Jones *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age, [illegible] condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and [illegible] of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2434

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 27th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Clohe

Sex, ~~Male~~, *Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, white *Sex,* female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} 151 S. Eden St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Intestinal Occlusion.

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 29, 1875

Undertaker, M. A. Laiju

Place of Business, 74 S. Broadway

A. F. Erich M. D.
Medical Attendant.

Address 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2435

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27th April 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sallie Cora Wilt

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 (two) *Years,* —— *Months,* 19 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 290 Mulberry str

Cause of Death, {First (Primary,) Scarlet fever / Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Talbot Co Md

Date of Burial, April 29

Undertaker, S B Cook

Place of Business, 107 W Baltimore St

L. C. Dorsey M. D.
Medical Attendant.

Address Cor. Myrtle Ave & Mulberry sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(79)

[OVER.

Board of Health, City of Baltimore,

Permit No. 2436,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 28 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28 April 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel — Parentage unknown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years~~ about 2 *Months,* ~~Days~~.

Color, White *Sex,* Male

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

Occupation, a Foundling

Birthplace, {State or country (and how long in the United States, if of foreign birth.} unknown

Duration of Residence in the ~~City of Baltimore~~ Institution 2 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Atrophy from want of Care & food

Second (Immediate,)

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 29 April 1875

Undertaker, H. Schultheis

Place of Business, E. Monument St

Marbury Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2437

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 28 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27th april. 4 PM.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} G. Lawrence B. Bentz.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, Twelve *Years,* *Months,* Six - *Days.*

Color, White - *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 163. W Baltimore St. Balt.

Cause of Death, First (Primary,) Rheumatism.

Second (Immediate,) Rheumatic Endo-peri Carditis.

Duration of Last Sickness, Sixteen days.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, April 29th 1875

Undertaker, Henry H. Mears

Place of Business, 64 N Gay St

Wm Evan Bibber M. D.
Medical Attendant.

Address 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2438

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 28 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Magdalena Shields

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 74 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria Germany

Duration of Residence in the City of Baltimore, 9 Months

Place of Death, {Give street and number.} 824 N. Bond St

Cause of Death, First (Primary,)

Second (Immediate,) Old Age

Duration of Last Sickness, Failing for Six Months

All the above information should be furnished by the Physician.

Place of Burial, B.M. Cemetery

Date of Burial, Ap. 29

Undertaker, Ch Rassig

Place of Business, 131 E Fayette St

James E. Arnold M. D.

Medical Attendant.

Address 299 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2439. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Steward

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* 11 *Months,* —— *Days.*

Color, Black *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} 16 Saratoga Street

Cause of Death, {First (Primary,) General Debility / Second (Immediate.) Old age

Duration of Last Sickness, ~~2~~ 4 months

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, April 28th 1875

Undertaker, William Donovan

Place of Business, Bank St

James A Steuart M. D.

Commiss of Health & Registrar

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by his wife

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2440

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary Frances Ross

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* ——— *Days.*

Color, Black *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 36 Moore's alley

Cause of Death, First (Primary,) Premature Birth

Second (Immediate,) Spasms

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 28th 1875

Undertaker, Wm. D. Gray

Place of Business, Saratoga St

James A Steuart M. D.

~~Medical Examiner~~

Address Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by John C. Ross (Father)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2441

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 28 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Bruns

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 16 *Years,* 1 *Months,* 11 *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Married

Occupation, At Home

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 281 N Gay st

Cause of Death, { First (Primary,) / Second (Immediate,) } Cancer & Atrilla

Duration of Last Sickness, 13 months

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

Geo L. Rice M. D.
Medical Attendant.

Address 119 Saratoga st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2442

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 27th 1875 10 a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Kieffner

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.} Male

Age, 29 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Married

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Stevadore

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bivan, Germany

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 400 E. Eutaw St.

Cause of Death, {First (Primary,) Suicide by Hanging

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudenslager

Date of Burial, April 28 1875

Undertaker, Conrad Koch

Place of Business, 309 Eutaw St. *Address*

H. P. Yeates M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2443,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Jannie

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, four Months, six Days.

Color, White Sex, female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} N 182 North Dallas

Cause of Death, First (Primary,) Capillary Bronchitis

Second (Immediate,) Exhaustion

Duration of Last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, [illegible] C[illegible]

Date of Burial, April 28th 1875

Undertaker, [illegible]

Place of Business, 309 Central Ave

C. T. Trautmann M. D.
Medical Attendant.

Address N. 187 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT RECEIVED APR 29 1875 BALTIMORE

Permit No. 24444

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Harmon

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* —— *Months,* — *Days.*

Color, White *Sex,*

~~*Married, Single, Widow, or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Coal Oil Refiner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany - About 20 yrs in Amer.

Duration of Residence in the City of Baltimore, 9 mos.

Place of Death, {Give street and number.} St Josephs Hospital

Cause of Death, {First (Primary,) Extensive burn of surface from Coal Oil

{Second (Immediate,) Shock

Duration of Last Sickness, 3 hours —

All the above information should be furnished by the Physician.

Place of Burial, Lutheran Cemetery

Date of Burial, April 29th 1875

{*Undertaker,* Henry Koch

{*Place of Business,* 319 Central Ave.

Oscar Coskery M. D.
Medical Attendant.

Address St Josephs Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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Board of Health, City of Baltimore,

Permit No. 2445

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT 1875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 26 — 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mrs Mary A. Strine

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 29 *Years,* *Months,* *Days.*

Color, W. [illegible] *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lancaster Pa.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Second Story Front Room Patient's

Cause of Death, {First (Primary,) Second (Immediate,)} About 2 yrs Phthisis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lancaster P.A.

Date of Burial, April 29th 1875

Undertaker, William Ware

Place of Business, 4 and 6 Druid Hill Ave

G. W. Mitchell M.D.
Medical Attendant.

Address 121 W. Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE APR 1875

Permit No. 2116

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 28th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nancy Holland.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore, 5 Months

Place of Death, {Give street and number.} No. 6. Stricker St. South "

Cause of Death, { First (Primary,) Old age

Second (Immediate,)

Duration of Last Sickness, Five Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park. Elias C Price M. D.

Date of Burial, April 30th. 10. A.M. Medical Attendant.

{ *Undertaker,* Richd. Hall.

{ *Place of Business,* 233. Baltimore St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

HEALTH DEPARTMENT APR 1875 BALTIMORE MD

Permit No. 2447

OFFICE OF REGISTRAR OF VITAL STATISTICS,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *duly and correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 28: 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Pearce

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 73 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 59 years

Place of Death, {Give street and number.} 234 S. Dallas St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Old age

Duration of Last Sickness, 17 Days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, April 30th 1875

{*Undertaker,* Henry K. Mears

{*Place of Business,* 64 N Gay St

James E. Arnold M. D.
Medical Attendant.

Address 299 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

HEALTH DEPARTMENT APR 29 1875 BALTIMORE

Permit No. 2448

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 28 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John F. Gifer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 Years, 5 Months, 22 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 316 William St

Cause of Death, {First (Primary,) Typhoid Pneumonia
Second (Immediate.) Congestion of Brain

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem'y

Date of Burial, April 30th 1875

Undertaker, Julius Koehler

Place of Business, Cor Sharp & Cross. sts. *Address* 146 Hanover St

Rodwell Cook M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

APR 29 1875 HEALTH DEPARTMENT BALTIMORE

Permit No. 2449 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Chesleanna Gaffake

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, Years, Months, 16 Days.

Color, Black Sex, Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.o City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 920 Durham St North

Cause of Death, First (Primary,) Neglect

Second (Immediate,) Asthenia

Duration of Last Sickness, from birth

All the above information should be furnished by the Physician.

Place of Burial, Eastern Cem.y

Date of Burial, April 29 1875

Undertaker, Wm Donovan

Place of Business, 6 Bank St

James A Steuart M. D.

~~Medical Attendant.~~

Address Comm.r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information from father

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 1875 BALTIMORE

Permit No. 2450

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Smith

Sex, Male or Female, {Cross out the word not required in this line.} —

Age, 49 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Lawyer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 185 S. Dallas St

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. B. Ground

Date of Burial, April 30th

Undertaker, John W. Locks

Place of Business, Wolf St. near Gough

Buckler Jno. *M. D.*
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 29 1875 BALTIMORE

Permit No. 2451

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Abraham Burbaum

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, 0 0 *Years,* 3 *Months,* *Days.*

Color, W *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Baltimore

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 112 Spring St Balto City

Cause of Death, {First (Primary,) Eclampsia

Second (Immediate,) 5 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cemetery

Date of Burial, 30 of April 1875

Undertaker, L Berry

Place of Business, 51 N Exeter St.

J Ridgway Andrews M. D.
Medical Attendant.

Address 121 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 29 1875 BALTIMORE

Permit No. 2452

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately~~ *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 28th April 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August Kleins (Kleine)

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foldmarren (Germany)

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 6 S. Castleth (S. Castle St)

Cause of Death, {First (Primary,) Phthisis tuberculosa / Second (Immediate,) Hydrops generalis

Duration of Last Sickness, I attended to him for the last 2 years.

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cemetery

Date of Burial, April 29th 1875

J. Mathieu M. D. Medical Attendant

{*Undertaker,* A. Keller *Address* 245 S. Bond

{*Place of Business,* 244 E. Lombard.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 29 1885 BALTIMORE

Permit No. 2453,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 28th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John. Clarke.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 8. *Months,* 2 1. *Days.*

Color, White *Sex,* male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 48 S Boyd St

Cause of Death, First (Primary,) Hydrocephalus Acut

Second (Immediate,) Paralysis Hemiplegia

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, April 29

Undertaker, J B Cook

Place of Business, 707 W Baltimore St

J H Scott M. D.

Medical Attendant.

Address 543 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 29 1875 BALTIMORE

Permit No. 24574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 28th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Levin Gale

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Fifty-one *Years,* Two *Months,* Four *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Lawyer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Elkton Cecil County Md

Duration of Residence in the City of Baltimore, Thirty six Years

Place of Death, {Give street and number.} No 299 Park Ave

Cause of Death, {First (Primary,) / Second (Immediate,)} Pulmonary Tuberculosis

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemt

Date of Burial, April 29th 1875

L. K. Merrick M. D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 496 Druid Hill Ave

Address 191 N. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 29 1875 BALTIMORE.

Permit No. 2453

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 28 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rutherford, Wyson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 2 *Years,* ~~42~~ *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Physician

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 873 Park Avenue Balt

Cause of Death, First (Primary,) Pachymmgitis

Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Shepherdstown W. Va. *Medical Attendant.* F. J. Miles *M. D.*

Date of Burial, April 30th 1875

Undertaker, Jno H. Weaver *Address* 14 Cathedral St

Place of Business, Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

HEALTH DEPARTMENT APR 29 1875 BALTIMORE

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2466

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 28/75.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dennis Healy.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 65. *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation, Laborer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Co Roscommon Ireland 23 Years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 157 N. Front St.

Cause of Death, First (Primary,) Acute Gastritis

Second (Immediate.)

Duration of Last Sickness, 7 Days.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery Geo. H. Heuisler M. D.

Date of Burial, April 30 1875 Medical Attendant.

Undertaker, James P Byrne Address 133 N. Eutaw St.

Place of Business, Rc 63 N Frent St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT APR 29 1875 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Donnelly

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Thirty five *Years,* About *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housemaid

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland. 29 Years in United States

Duration of Residence in the City of Baltimore, Three Years

Place of Death, {Give street and number.} Front St. No 223

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, About six months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 30 1875

Undertaker, James O Byrne

Place of Business, No 63 Bank Front St *Address*

(A E Stein *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 1875 BALTIMORE MD.

Permit No. 2458

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 28 - 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Gorman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 6 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 209 Chestnut st

Cause of Death, {First (Primary,) Tubercular Meningitis
Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Washington D.C. Jno A Herman *M. D.*
Medical Attendant.

Date of Burial, April 30 1875

{*Undertaker,* James P Byrne
{*Place of Business,* No 63 N Front st *Address* 130 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT APR 29 1875 BALTIMORE

Permit No. 2459,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theodore Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ ~~Months,~~ 3 Days.

Color, Copper Col *Sex,* Male

Married, Single, ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 days

Place of Death, {Give street and number.} 6 Wilmer St near Dolphin St

Cause of Death, {First (Primary,) Imperforate Anus

{Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial Western Potters Field

Date of Burial, April 30th 1875 B F Bibb M. D.

Medical Attendant.

{*Undertaker,* M. H. C. Penn

{*Place of Business,* 548 W. Pratt St *Address* Cor Dolphin & Kopp sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ly invited to the Printed Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

HEALTH DEPARTMENT APR 30 BALTIMORE

Permit No. 2460 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Schmidt

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, white *Sex,* female

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germania

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 179 S. Register St.

Cause of Death, First (Primary,) Tuberculosis pulmonum,
Second (Immediate,)

Duration of Last Sickness, about seven year.

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Graveyard

Date of Burial, April 30th 1875

Undertaker, H. A. Gilmore

Place of Business, 311 Canton Av.

Schiel M. D.
Medical Attendant.

Address 102 S. Bond St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT APR 30 1875 BALTIMORE.

Permit No. 2461

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *duly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28 A. 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Abraham Shakman

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 4/6 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Retired Merchant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, { Give street and number. } # 636 N Eutaw St

Cause of Death, { First (Primary,) Congestion

{ Second (Immediate,)

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Har Sinai Cemetery.

Date of Burial, April 30. 1875

Undertaker, C. Hollander & Son

Place of Business, 22 Park Pratt St. *Address* #584 N Eutaw St

James L. Smithson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

HEALTH DEPARTMENT APR 30 1875 BALTIMORE.

Permit No. 2462

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 29.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie B. Beauchamp

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 3. *Months,* 15 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all its life

Place of Death, {Give street and number.} 108. William St

Cause of Death, First (Primary,)

Second (Immediate,) Inanition

Duration of Last Sickness, From its Birth

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, April 30 1875

Undertaker, Smith & Denny

Place of Business, 263 Light

Address 146 Hanover St

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT APR 30 1875 BALTIMORE

Permit No. 21163. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4th 29 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno William Colker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Months, 35 Days.

Color, White Sex, Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 8 St Peter St.

Duration of Residence in the City of Baltimore, 35 days.

Place of Death, {Give street and number.} No 8 St Peter St

Cause of Death, { First (Primary,) Erysepelas
Second (Immediate,)

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Greenly Cemetery Jeff Road

Date of Burial, May 1st 1875

Undertaker, John L Hacker

Place of Business, 156 Camden St Address 47 Lexington St

Wm Riley, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

(2464)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 30 1875 BALTIMORE

Permit No. 2464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 29

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Kernan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Insurance Agent

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, Nine Years.

Place of Death, {Give street and number.} Balt. Infirmary

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Ulceration of the throat

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 30th 1875

T. A. Ashby M. D.
Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, 64 N. Gay St *Address* Balt. Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT APR 30 1875 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2465

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Wilhelmina Weberheim

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 63 *Years,* 3 *Months,* 2 *Days.*

Color, White *Sex,* Female

~~Married, Single,~~ *Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 23 Years.

Place of Death, {Give street and number.} 615 N Gaulard

Cause of Death, First (Primary,) Heart disease

Second (Immediate,) Dropsy

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, 2nd May 1875

Undertaker, D. I. Paulus

Place of Business, 66. Fredrick ave *Address*

John L. Smithson *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 2466

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 30 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Wallace

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 37 Lemon Street

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) Heart Disease

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 1st 1875

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

James H. Steuart M. D.
~~Health Officer~~

Address Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information for her Husband — John Wallace

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS,

HEALTH DEPARTMENT APR 30 1875 BALTIMORE.

Permit No. 2467

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4 mo 29 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Goulds.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 37. *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation, Laborer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York.

Duration of Residence in the City of Baltimore, 21 years.

Place of Death, {Give street and number.} North St near Madison St

Cause of Death, First (Primary,) Abuminaudy Bright's Kidney

Second (Immediate,)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery.

Date of Burial, Sunday May 2nd 1875.

Undertaker, John H. Weaver.

Place of Business, 233 E. Fayette St

W. Riley M. D.
Medical Attendant.

Address 47 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 30 1875

Permit No. 2468

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Anna Boings

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 8 P *Years,* ——— *Months,* ——— *Days.*

Color, Mulatto *Sex,* Female

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Co. Md

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 186 Hennella St

Cause of Death, {First (Primary,) Atrophy of the Liver
Second (Immediate,)

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 30. 1875

{*Undertaker,* Samuel W. Chase
{*Place of Business,* 190 E. Lombard St *Address* 104 Hanover

Geo. H. Bunn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 30 1875 BALTIMORE

Permit No. 2469

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 29, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joshua Stephenson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 3 *Months,* 25 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and number.} 407 Stockton Alley

Cause of Death, { First (Primary,) Cerebritis
Second (Immediate,) 7 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 30 1875

Undertaker, Samuel M. Chase

Place of Business, 150 North St. *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 30 1877 BALTIMORE.

Permit No. 21470

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April Twenty eighth

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Martha Elizabeth Thompson

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} Female

Age, ____ *Years,* 4 *Months,* 22 *Days.*

Color, Negro *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 33 Stockton Alley

Cause of Death, First (Primary,) Hydrocephalus.

Second (Immediate,) Congestion of Brain

Duration of Last Sickness, three months

All the above Information should be furnished by the Physician.

Place of Burial, West L. F. [redacted]

Date of Burial, [redacted]

Undertaker, [redacted]

Place of Business, [redacted] Apl 30 1877

W. A. B. Gilman M. D.
Medical Attendant.

Address Cor Gaudé Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 30 1875 BALTIMORE

Permit No. 21971.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Monich

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 8 *Months,* 12 *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} Sterrett St, 1 door from Ridgely

Cause of Death, First (Primary,) Meningitis tuberculosa

Second (Immediate,)

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, May 1. 75

Undertaker, ———

Place of Business, 35 S. Eutaw St

Chas F. Keuser M. D.
Medical Attendant.

Address No 97 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 22 1875 BALTIMORE.

Permit No. 21172

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Adam Magraw

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* 0 *Months,* 1 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, manufacturer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} Edmondson ave - but boarding & Reputation

Cause of Death, First (Primary,) pulmonary disease & Hemorrhages

Second (Immediate,) Pneumonia

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, May 1st 1875

Undertaker, Jos Loane

Place of Business, 568 W Balto St *Address* 53 N Paca st Balt

W Hammond M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 29 1875 BALTIMORE.

Permit No. 2473.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sherwood Upton Harris

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 4 Months, Days.

Color, ~~W~~ (Female) African descent *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 43 Chesnut St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 43 Little Pleasant St

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Bronchitis

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 1st 1875

Geo. H. Dare M. D.
Medical Attendant.

Undertaker, Jno. E. Gordon

Place of Business, Park & No 163 Address 91 Frederick Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

2474

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2474

HEALTH DEPARTMENT APR 30 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Hall

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 55 — *Years,* — *Months,* — *Days.*

Color, White — *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State nr country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 21 Years.

Place of Death, {Give street and number.} Light St. Extended.

Cause of Death, First (Primary,) Fracture of Clavicle

Second (Immediate,) Double Pneumonia

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Govanstown

Date of Burial, 1 May

Undertaker, Nicholas Leary

Place of Business, 158 Light St *Address* 211 Hanover St Baltimore Md

A. M. Dodge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2475

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2475

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Tonling

Sex, Male or Female, {Cross out the word not required in this line.} ---

Age, About 100 *Years,* ---- *Months,* ---- *Days.*

Color, African descent *Sex,* Male

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Richmond County Virginia

Duration of Residence in the City of Baltimore, 3 Years - but not at time of death - Unreliable

Place of Death, {Give street and number.} Chestnut Street No 36,

Cause of Death, {First (Primary,) Chronic Erythematous Ulcer of Leg,
Second (Immediate,) Anemia

Duration of Last Sickness, 4 Years days

All the above information should be furnished by the Physician.

Place of Burial, Richmond County Va

Date of Burial, April 30th 1875

A. J. Faust M. D.
Medical Attendant.

{*Undertaker,* Wm. H. Dungle
Place of Business, No 1014 East St *Address* No 16 S. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(86)

No. 1

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 30 1875 BALTIMORE

Permit No. 2476

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 29th. April 1875. 5 o clock A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Storch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* *Days.*

Color, white *Sex,*

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life time

Place of Death, {Give street and number.} S. Bond street Nro 331.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) angina maligna

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, May 1.

Undertaker, H. Bohm

Place of Business, 26 Thams St.

William Henkel *M. D.*

Medical Attendant.

Address S. Wolfe st. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1 1875 BALTIMORE

Permit No. 2477

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Infant Son Folsom

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, House-keeper

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 81 N. Dugan Ave

Cause of Death, { First (Primary,) } Diphtheria Spasmodic

{ Second (Immediate.) } Exhaustion

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Dallar St Burial Ground

Date of Burial, May 1st 1875

Undertaker, John W. Locke

Place of Business, 65 S. Wolfe St *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1 1875

Permit No. 2478,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 30. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alverda Beamer

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Two *Years,* 8 *Months,* 27 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 109 Bond Street

Cause of Death, { First (Primary,) / Second (Immediate,) } Phthisis Pulmonalis

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May the 1

{ *Undertaker,* / *Place of Business,* } P. Kinnear 317 Baltimore St

Chas W Nefft M. D.
Medical Attendant.

Address No 306 N. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1 1875 BALTIMORE

Permit No. 2479

The Physician who attended any person in last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Augusta Matilda Holzhauer

~~*Sex, Male* or *Female*~~, {Cross out the word not required in this line.}

Age, ~~———~~ *Years,* ——— *Months,* 8 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 6 Henry St

Cause of Death, { First (Primary,) Trismus Nascentium
Second (Immediate,)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, May 2th 1875

{ *Undertaker,* Julius Koehler
{ *Place of Business,* Cor Sharp & Cross Sts Address 207 Hanover St Balto Md

R. E. Dodge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 2480

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 29th day of April

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Ann Hakes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 71 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md. & Maryland.

Duration of Residence in the City of Baltimore, During life.

Place of Death, {Give street and number.} 182 Century Av.

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,) Hemoptysis

Duration of Last Sickness, About three years

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, May 2d 1875

D. S. Hyman M. D.
Medical Attendant.

Undertaker, John S Thacher

Place of Business, No 150 Camden St —*Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
MAY
1875
BALTIMORE

Permit No. 2481

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} George Weller

~~Sex~~, *Male or* ~~Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* ~~Months,~~ *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower;~~ {Cross out the words not required in this line.}

Occupation, Adams Express Co.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 231 S. Sharp St

Cause of Death, {First (Primary,) Strangulated Hernia
Second (Immediate.) Peritoneal Inflammation

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 2d 1875

Undertaker, A. Weidemeyer

Place of Business, 518½ W. Baltimore

I. H. Butler M.D. M. D.
Medical Attendant.

and D. P. Hoffman

Address 144 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT MAR 1 1875

Permit No. 2482

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Holden

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* four *Days.*

Color, Colored *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, four days

Place of Death, {Give street and number.} No 4 Hale Street Court

Cause of Death, First (Primary,) Unknown
Second (Immediate,) Unknown

Duration of Last Sickness, Unknown

These questions are answered in this manner from the fact that the child never had any medical attendance and I am requested to fill up the certificate, as that the child will be buried

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field

Date of Burial, May 1st 1875

Undertaker, M. H. C. Perry

Place of Business, 448 W. Pratt St. *Address* 58 N Eutaw Street

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 2483

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1 1875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 30 " 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretta Jacobs

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 62 *Years,* 1 *Months,* 3 *Days.*

Color, white *Sex,* female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} 25 Abbott st.

Cause of Death, {First (Primary,) Phtisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 2nd /75

{*Undertaker,* Geo. Schilling

{*Place of Business,* No 212 E. Monument st

P. G. Dausch M. D.
Medical Attendant.

Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

HEALTH DEPARTMENT MAY 1 1875 BALTIMORE

Permit No. 24814.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 1.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William G. Floyd

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months,* 28 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 12. Weber St

Cause of Death, {First (Primary,) / Second (Immediate.)} Scarlatina

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, May 3rd 1875

Undertaker, Charles F. Herold

Place of Business, 161 Hanover St

Herbert Dorsey M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2485

HEALTH DEPARTMENT MAY 2 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Fecher

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 86 *Years,* ——— *Months,* ——— *Days.*

Color, white *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore. 43 Years

Place of Death, {Give street and number.} Elliott St near Robinson St

Cause of Death, First (Primary,) Gen Debility

Second (Immediate,) Old Age

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem James A Steuart M. D.

Date of Burial, May 2nd 1875

Undertaker, H. M. Gebmeyer *Address* Comm'r of Health

Place of Business, Canton Ave Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by her Son —

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT MAY 1 1893 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2486.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately~~ *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 28th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Dietz

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 39 *Years,* 8 *Months,* 20 *Days.*

Color, *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cabinet maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 737 W. Baltimore St

Cause of Death, {First (Primary,) Phthisis pulmonary & Laryngeal

{Second (Immediate,) Consumption

Duration of Last Sickness, six months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 1st

{*Undertaker,* John Gruber

{*Place of Business,* 491 W. Balto St *Address* 137 W. Fayette St

Fullerton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT MAY 1 1875 REGISTERED

Permit No. 2487.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Magaret Evans

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 37 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 37

Place of Death, {Give street and number.} N 191 Hanover st

Cause of Death, {First (Primary.) / Second (Immediate.)} Phthisis Pulmonalis

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 2d 1875

Undertaker, John Meaher

Place of Business, No 130 Lancaster *Address*

H H Chatard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1875 BALTIMORE

Permit No. 2488

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Arthur.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, Black. *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Porter,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annapolis.

Duration of Residence in the City of Baltimore, Nine (9) Years.

Place of Death, {Give street and number.} 135 Hill St.

Cause of Death, First (Primary,) Scrofula.

Second (Immediate,) Consumption.

Duration of Last Sickness, Five (5) months.

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetery

Date of Burial, May 2nd.

Undertaker, John B. Williams

Place of Business, 107 Lee st

J. B. White M. D.
Medical Attendant.

Address Station Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1875 BALTIMORE

Permit No. 2489.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Francis Jackson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, One *Years,* 6 *Months,* *Days.*

Color, col *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Front 235

Cause of Death, First (Primary,) Cerebral Tuberculosis

Second (Immediate,) Convulsions

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, May 2 - 75

E. L. Baldwin *M. D.*
Medical Attendant.

Undertaker, John J. Rodenmayer

Place of Business, 102 E Monument St *Address* 124 n Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2490

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John T. Locke

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 28 *Years,* 4 *Months,* *Days.*

Color, Brown. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Hackman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No 6 S. Bond St

Cause of Death, { First (Primary,) Pulmonary Tuberculosis

Second (Immediate.)

Duration of Last Sickness, Five Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 1 1875

{ *Undertaker,* H. R. Chase

Place of Business, No 178 Edward St

Whitfield Thos *M. D.*

Medical Attendant.

Address 116 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below. [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1 BALTIMORE

Permit No. 2491

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 1st 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm B. Creery

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, School Superintendent

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Republican St nr Edmondson Ave

Cause of Death, First (Primary,) Meningitis

Second (Immediate.) Effusion

Duration of Last Sickness, Born sick

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Monday May 3rd

Undertaker, Robt Kaufmann & Son *Address* 1116 Park Ave

Place of Business, 92-1 Howard St Baltimore

D. C. Olston M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1 1875 BALTIMORE.

Permit No. 2492,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa May Snyder

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 3 Months, 27 Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 21 Baltimore St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Congestion Sudden

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, Monday at 10 Oclock

Undertaker, Andrew Snell

Place of Business, 206 Columbia

A. McC. Cotton M. D.
Medical Attendant.

Address 166 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1 1895 BALTIMORE

Permit No. 2493.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1895.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary L Carey.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 3 *Years,* 9 *Months,* 9 *Days.*

Color, Sex,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard County ~ Maryland

Duration of Residence in the City of Baltimore, Three years

Place of Death, {Give street and number.} No 11 Bruce Street ~ Patricio Primarelli

Cause of Death, First (Primary,) " Second (Immediate,) Sub mortis.

Duration of Last Sickness, "

All the above information should be furnished by the Physician.

James Bailey M. D.

Medical Attendant.

Place of Burial, St Peters

Date of Burial, May 2nd

Undertaker, J. E. Cook

Place of Business, 707 alley Baltimore

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of [illegible]

HEALTH DEPARTMENT MAY 1 1875 BALTIMORE

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24964

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 30th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Washington Williams

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* one *Months,* 8 *Days.*

Color, Col- *Sex,* male.

Married, ~~Single,~~ Widow or ~~Widower,~~ {Cross out the words not required in this line.}

Occupation, White Washer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, For the last 38 Years

Place of Death, {Give street and number.} 21 Chestnut Alley

Cause of Death, First (Primary,) Hypertrophy of Heart

Second (Immediate,) Five months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 2nd

Undertaker, Wm D Gray

Place of Business, 65 Mulberry St

N W Austin M. D.
Medical Attendant.

Address 192 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1 BALTIMORE

Permit No. 2495

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Curtis

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 21 *Days.*

Color, Colored *Sex,* Male

~~Married,~~ Single, ~~Widow~~ or ~~Widower,~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 1 mo. 21 days

Place of Death, {Give street and number.} Virginia

Cause of Death, {First (Primary,) Meningitis

Second (Immediate.) Spasms

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 1 1875

Undertaker, S. W. Crane

Place of Business, No 178 E. Howard

J. A. Gillis M. D.
Medical Attendant.

Address 23 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to LIST of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
APR 1895
BALTIMORE

Permit No. 2496

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apl 30 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Snyder

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} ——

Age, 63 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* ——

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 35 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St Joseph's Hospital

Cause of Death, {First (Primary,) Acute Pericarditis
Second (Immediate,) Dyspnoea

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Oscar F. Carey M. D.
Medical Attendant.

Date of Burial, May 1st 1895

{*Undertaker,* Henry Cook *Address* Hospital
Place of Business, Catholic

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1875 BALTIMORE

Permit No. 24971

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Bessie Grant

Sex, Male or Female, {Cross out the word not required in this line.} Bessie Grant

Age, 2 *Years,* 7 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 146 McCulloh St.

Cause of Death, {First (Primary,) Gastritis

Second (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, May 1st 1875

Medical Attendant.

Undertaker, Thomas Kodgers Address 121 W. Lexington St

Place of Business, 41 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1875 BALTIMORE

Permit No. 2498

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 1st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Curran

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, about 47 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} No 115 Ridgley St

Cause of Death, {First (Primary,) Carcinoma of Pylorus
Second (Immediate,)

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, May 3rd

Undertaker, F. N. Troll

Place of Business, 90 S. Howard St *Address* 141 Hanover St

J. C. Burch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2499.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT MAY 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 1 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lethia Dorothy Knorr

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 Months, 1 Years, Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hanau Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 277 Hanover

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, seven days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Female

Date of Burial, May 4

Undertaker, H Brice

Place of Business, Hanover 81 *Address*

S. Mullin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2500

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Apr~~ May 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Wilson

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* — *Months,* — *Days.*

Color, white *Sex,* female

~~*Married,*~~ *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 70 years

Place of Death, {Give street and number.} Cor Franklin & Fulton "Home of aged methodists

Cause of Death, First (Primary,) dysentery, old age

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Methodist Burial Ground on Philadelphia Road,

Date of Burial, May 3d 1875

Undertaker, John S Thacher

Place of Business, No 150 Camden st

G. Lane Tanyhill M. D.
Medical Attendant.

Address 129 N Bridle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish thin forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ing forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 2501.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1st

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Watkins

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 37 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, Servant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Harford Co. Md.

Duration of Residence in the City of Baltimore, Three years.

Place of Death, { Give street and number. } 142 S. Durham St.

Cause of Death, { First (Primary,) Encente

Second (Immediate,) Exhaustion

Duration of Last Sickness, Has been Delirious for two days

All the above information should be furnished by the Physician.

Place of Burial, Dallas St B.G.

Date of Burial, May 2nd 1875

Undertaker, Jno. Locks

Place of Business, Wolf St *Address* 143 S. Broadway

C. Edward Mason *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2502.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2. 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Female Brent

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 years *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Born & Life

Place of Death, {Give street and number.} Cedar Ground n/s Pratt 2090

Cause of Death, First (Primary,) Puerperal Fever

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, May 2 4 O'Clock PM

O S Mahon *M. D.*
Medical Attendant.

Undertaker, Peter C Rodemeyer

Place of Business, 138 Union St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 2503

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT MAY 2 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Wilkins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 34 *Years,* 11 *Months,* 4 *Days.*

Color, Col *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Northampton co Va

Duration of Residence in the City of Baltimore, about 4 months

Place of Death, {Give street and number.} 82 Pleasant st Balto

Cause of Death, { First (Primary,) Cancer
Second (Immediate,)

Duration of Last Sickness, about one month

All the above information should be furnished by the Physician.

Place of Burial, Ves

Date of Burial, May 2-1875

{ *Undertaker,* James H Davis
Place of Business, No 12 Saratoga st *Address*

S N Pattison *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit No 88

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 2504

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2d: 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Caroline Coats

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, About 42 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Middletown Md

Duration of Residence in the City of Baltimore, lives in Frederick City Md

Place of Death, {Give street and number.} to 5 Cearey Street North

Cause of Death, First (Primary,) Peritonitis

Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Frederick Md

Date of Burial, May 6th 1875

Undertaker, Geo H Weaver

Place of Business Fayette St

W. P. C. Wilson M. D.
Medical Attendant.

Address 146 Park Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 89.

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 3 1875 BALTIMORE

Permit No. 2505

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 21, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Frances Schönbrun

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Dairy Woman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wirtemburg Germany

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number.} St Joseph's Hospital

Cause of Death, First (Primary,) Eating Liver

Second (Immediate.) Exhaustion from Diarrhea

Duration of Last Sickness, About 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Lutheran

Date of Burial, May 3 1875

Undertaker, Henry Koch

Place of Business, 309 Central Ave

Oscar Kostmayer M. D.
Medical Attendant.

Address St Joseph's Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2506

HEALTH DEPARTMENT MAY 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 1st, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Beckman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Thirty Four *Years,* Eight *Months,* twenty four *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.} Widower

Occupation, Garbage boat driver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Thirty Four years

Place of Death, {Give street and number.} No. 14 E. Bond st

Cause of Death, { First (Primary,) / Second (Immediate.) } Consumption

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County *Attended* Wm. H. Clendiner, M. D.

Date of Burial, May 3 20 Med. Att.

Undertaker, Geo. C. Rodemeyer

Place of Business, 38 Eaton st *Address* No. 93 N. Bradway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

N. B. I was called to see this man for the first time on the Twenty Third of April (23rd) 1875 W.H.C.

[OVER

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 3 1875 BALTIMORE

Permit No. 2507.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 1. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Mary Catharine Flinch

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, Eighty one *Years,* Ten *Months,* Seven *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prussia Germany

Duration of Residence in the City of Baltimore. Forty two years

Place of Death, {Give street and number.} 294 S. Bond St.

Cause of Death, {First (Primary,) A.

{Second (Immediate,) Old age.

Duration of Last Sickness, Seven years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 3d

{*Undertaker,* Leonhard Kurz

{*Place of Business,* S. Bond St. No. 255.

Nicholas E. Correll M. D.
Medical Attendant.

Address 217 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below. and to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 3 1875 BALTIMORE.

Permit No. 2508

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Penn

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* *Days.*

Color, Black *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 45 Diamond St

Cause of Death, {First (Primary,) Dropsy
Second (Immediate,)

Duration of Last Sickness, Has been sick since birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 3 1875

Undertaker, John H Dorsey

Place of Business, Park Av to 63

Thomas Hopping M. D.
Medical Attendant.

Address 70 South St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2509.

HEALTH DEPARTMENT MAY 3 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Ann Maria Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Seventy three *Years,* Four *Months,* Seven *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Marys Co Md

Duration of Residence in the City of Baltimore, Thirty five years

Place of Death, {Give street and number.} No 59 Chestnut St,

Cause of Death, First (Primary,) Pneumonia.

Second (Immediate,)

Duration of Last Sickness, Seven days.

All the above information should be furnished by the Physician.

Place of Burial, Methodist Cemetery M. E. Dallas M. D.

Date of Burial, May 3rd Medical Attendant.

Undertaker, W. Lipps

Place of Business, South Bond 151 *Address* 209 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to Law of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 2 1875 BALTIMORE.

Permit No. 2510.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mr. Thomas W. Humphreys

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Thirty One Years, Nine Months, Days.

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Thirty One Years and Nine Months

Place of Death, {Give street and number.} No. 234 East Fayette st.

Cause of Death, {First (Primary,) Consumption
Second (Immediate,)}

Duration of Last Sickness, Twelve months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, May 3/75

Undertaker, C. H. Ramsey

Place of Business, 136 E Fayette

Wm. H. Henderson M. D.
Medical Attendant.

Address No. 93 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 2371

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 3 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Hawkins

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Seventy one *Years,* *Months,* *Days.*

Color, col *Sex,* Female

~~Married~~, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Launders

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queen Anns Co Maryland

Duration of Residence in the City of Baltimore, Fifty Seven years

Place of Death, {Give street and number.} East No 88

Cause of Death, {First (Primary,) Paralysis / Second (Immediate.)

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 3rd 1875

{*Undertaker,* William N. Dunge

{*Place of Business,* 110 104 East 11.

E. C. Baldwin M. D.
Medical Attendant.

Address 124 N. Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 3 1875 BALTIMORE

Permit No. 2512.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Slater Lawson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 71 *Years,* 0 *Months,* 0 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto & North St Balto Md

Duration of Residence in the City of Baltimore, Nearly one years

Place of Death, {Give street and number.} No 87 No Charles St Balto

Cause of Death, First (Primary,) Disease of the Head

Second (Immediate,) Dropsy

Duration of Last Sickness, about three months

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemy

Date of Burial, May 3 1875

Undertaker, Jno H Weaver

Place of Business, Fayette St *Address*

J H Patterson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 3 1875 REGISTERED

Permit No. 2513

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Haratten Brunate Alexander

Sex, Male or Female, {Cross out the word not required in this line.} female Colard

Age, X *Years,* 3 *Months,* X X *Days.*

Color, Colard *Sex,* female

Married, [redacted] {Cross out the words not required in this line.} Mother Sarah Neal Richfield's Dr Hon. Alexander

Occupation, Carken

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 3 Philpot St

Duration of Residence in the City of Baltimore, farther from Granada West indias in the Cuntry 6 Years

Place of Death, {Give street and number.} No 3 Philpot St

Cause of Death, First (Primary,) Croup

Second (Immediate.) ~~two~~ ~~Days~~

Duration of Last Sickness, two Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Monday May 3 at ten o'clock

Undertaker, Samuel L Chase

Place of Business, Howard & Hill Sts No 190 Howard St

A H Cruik M. D.
Medical Attendant.

Address Cor of north & Pleasant Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

RECEIVED PERMIT MAY 2 1875 BALTIMORE.

Permit No. 2514

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2 one 1875-

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida D. Marshall

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 7 *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 293 Williams St.

Cause of Death, {First (Primary,) Scarlet fever

Second (Immediate,)

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 4th 75.

Undertaker, Armstrong & Denny

Place of Business, 263 Light St.

R. G. Lee M. D.
Medical Attendant.

Address Hanover & Barre Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2515

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Lewis Hagger

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 342 Mulberry St.

Cause of Death, {First (Primary,) Enteritis

Second (Immediate,) Four days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery Samuel T. Knight M. D.

Medical Attendant.

Date of Burial, May 3rd 1875

Undertaker, Hughes & Co Address 112 N. Greene

Place of Business, 552 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY BALTIMORE.

Permit No. 2576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles. L. Reitz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* 4 *Months,* 3 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cooper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 297 S Sharp St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate.) 5 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 5th

{*Undertaker,* Ph. J. Dill

Place of Business, 183. Columbia St.

J. C. Buch M. D.
Medical Attendant.

Address 141 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
1875

Permit No. 2517

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 1st.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Westley Wallis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, 3 Days.

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pattersons Lane

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Pattersons Lane

Cause of Death, First (Primary,)

Second (Immediate,) Convulsions-

Duration of Last Sickness, One Day.

All the above information should be furnished by the Physician.

Place of Burial, May 3rd 1875 A Tinsley M. D.

Date of Burial, Laurel cemetery Medical Attendant.

Undertaker, Jas H Davis *Address* 484 N. Canal

Place of Business, 1012 Saratoga st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
MAY 3 1875
BALTIMORE

Permit No. 2518

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucy Carroll

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard Co

Duration of Residence in the City of Baltimore, Two Years

Place of Death, {Give street and number.} Cole St.

Cause of Death, {First (Primary,) Consumption
Second (Immediate,)

Duration of Last Sickness, Eight Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 3rd 1875

{*Undertaker,* William N. Dungan
Place of Business, No 10½ East St

Geo. C. Worthington M. D.
Medical Attendant.

Address No 714 N. Gouldst

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2879

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Ann Jenkins

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* 7 *Months,* 11 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeping.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Arundel Co. Md

Duration of Residence in the City of Baltimore, 25 Yrs

Place of Death, {Give street and number.} 376 Fisquith St.

Cause of Death, First (Primary,) Consumption

Second (Immediate.)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Cemetery

Date of Burial, May 4th 1875

Undertaker, Jos. C. Redemeyer *Address,* 18 Fisquith St

Place of Business, 18 Fisquith St

P. D. Geo. W. Wayson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Called

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 2520

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 3 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 2 May 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Martin,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, two *Years,* —— *Months,* 24 *Days.*

Color, White *Sex,* Male,

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 55 Etting Street,

Cause of Death, {First (Primary,) Concussion,
Second (Immediate,) Enteritis,

Duration of Last Sickness, 1st day,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral cem'y Harvey L. Byrd M. D.
Medical Attendant.

Date of Burial, May 3d 1875

Undertaker, C. W. Blizzard

Place of Business, 187 Lanvale St Near Druid Hill Av *Address* 366 N. Fremont St

Jas Hines

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2521

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Ruth Conyngham Cunningham

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 6 *Months,* ~ *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} =

Occupation, =

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wilkesbarre Pa

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Balt: at St James Hotel Charles & Centre Sts

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) =

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Wilkesbarre Pa

Date of Burial, May 4th 1875

F. Donaldson M. D.
Medical Attendant.

Undertaker, Kirby & Law

Place of Business, Light St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(90)

The Special Attention of Physicians is respectfully invited to the REMARKS below, and to LIST OF DISEASES on BACK of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2522

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 2 May 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Binningham,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 45. *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Plasterer,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland,

Duration of Residence in the City of Baltimore, 27 years.

Place of Death, {Give street and number.} 128 Mosher Street,

Cause of Death, {First (Primary,) Cold.
{Second (Immediate,) Pneumonia,

Duration of Last Sickness, 4 hrs. Ten days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, May 4

Danl L Byrne M. D.
Medical Attendant.

{*Undertaker,* J B Cook
{*Place of Business,* 707 W Baltimore *Address* 366 N. Fremont Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2523,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH MAY 3 1875 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, 1st May 1875. Wednesday before midnight.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johannes Dietrich. Bohn.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* 1 *Days.*

Color, White. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, During life time

Place of Death, {Give street and number.} S. Wolfestreet No 88.

Cause of Death, First (Primary,) Scarletina

Second (Immediate,) Angina maligna

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Greedy William Hensel M. D.

Date of Burial, May the 3. 2 th Clock Medical Attendant.

Undertaker, Louis Bayer

Place of Business, 78. S. Broadway *Address* S. Wolfst. No.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25274

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Wagner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* 11 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} B City, Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 380 E Sharp st

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Coma Bright's disease of Kidney

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, May 4th

Undertaker, John S. Mecher

Place of Business S. Paca & Camden Sts *Address* 76 S Paca St

Jas. F. Hennessy M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
MAY 3
1875

Permit No. 2525

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Regina S. Heimendinger

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Fifty nine *Years,* five *Months,* *Days.*

Color, White. *Sex,* Female.

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany - 42 years in the U. States

Duration of Residence in the City of Baltimore. Forty two years

Place of Death, {Give street and number.} 128 South Hill Avenue

Cause of Death, {First (Primary,) Pulmonic Tuberculosis
Second (Immediate,)

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary. Thomas Sappington M. D.
Medical Attendant.

Date of Burial, May 4th 1875

{*Undertaker,* Andrew Gatz *Address* 70 Centre
{*Place of Business,* 118 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2526

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 30. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie Louisa Boston

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 7 *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pattisons Lane

Duration of Residence in the City of Baltimore, 1 week

Place of Death, {Give street and number.} Pattisons Lane

Cause of Death, First (Primary,) Congestion Lungs -

Second (Immediate,) Convulsions -

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Forest Cemetery

Date of Burial, May 3d 1875

Undertaker, Wm J Frey

Place of Business, 43 Mulberry St

A Tinsley M. D.
Medical Attendant.

Address 451 N. Carey St
Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT

Permit No. 2527

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frank McGinny.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 27 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, 24 years

Place of Death, { Give street and number. } 157 Hughes St.

Cause of Death, { First (Primary,) Tuberculosis. Second (Immediate.) Typhoid Pneumonia. }

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, A Peters Cemetery

Date of Burial, May 3d 1875

Undertaker, Geo. Doane

Place of Business, 568 W Balto St *Address* 567 W Sharp St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1875

Permit No. 2528,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Found May 20. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Unknown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, Supposed to be oysterman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Do

Place of Death, {Give street and number.} Harbor

Cause of Death, First (Primary,) Accidentally drowned

Second (Immediate.) Unknown

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, East Baltimore Field

Date of Burial, May 24 1875

Undertaker, M. Donovan

Place of Business, 5 Bank St

John Kelly, M. D.

Medical Attendant. Coroner

Address Town Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2529.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
1925
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2d. of May 1895

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Emilie Anne ~~Bodie~~ Bode

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 23 *Years,* 6 *Months,* 19 *Days.*

Color, ~~White~~

Sex,

Married, ~~*Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, her ~~we~~ always in Balto

Place of Death, { Give street and number. } 10 & 12 Emory St. (Emory St)

Cause of Death, { First (Primary,) Phthisis tuberculosa, / Second (Immediate,) Suffocation.

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, May 4th 1895

{ *Undertaker,* Chas F. Arnold

{ *Place of Business,* 161 Aurora St

Address 245 E. Baltimore St

F. Gathrie M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2530

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years,~~ 1 Months ~~Days.~~

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

~~Occupation~~, Foundling

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the ~~City of Baltimore~~, Institution 6 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Gastric Hemorrhage

Second (Immediate,) Convulsions

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, May 3. 1875

Undertaker,

Place of Business.

Marbury Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2531

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 3d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kathe Mutch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 9 Months, 4 Days.

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Corner Madison & Castel Sts

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S. E. Corn. Madison & Castel Sts

Cause of Death, First (Primary,) Intermittent

Second (Immediate,) Meningitis

Duration of Last Sickness, 16 Days

All the above information should be furnished by the Physician.

Place of Burial, Balti Cemetery

Date of Burial, May 4/75

Undertaker, C. H. Rosseny

Place of Business, 136 E Fayette St.

G. Lichmann *M. D.*
Medical Attendant.

Address 58 N. Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 4 1875 BALTIMORE

Permit No. 2532

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George & Elizabeth Kenner

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* One hour ~~Days.~~

Color, white *Sex,* Female

~~Married,~~ *Single,* ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Locust Point

Cause of Death, {First (Primary,) / Second (Immediate,) Exhaustion

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, May 4th 1875

Undertaker, A. M. Gebmyer

Place of Business, 341 Canton Ave

James A Steuart M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information from Midwife (Maria Lederer

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1875 BALTIMORE

Permit No. 2533.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Infant~~ Geo Albert Foss

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, one *Years,* ——— *Months,* ——— *Days.*

Color, white *Sex,* Male

~~Married,~~ *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 312 S. Dallas Street

Cause of Death, First (Primary,) Scalded

Second (Immediate,)

Duration of Last Sickness, 4 hours.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 5th 1875

James A Steuart M. D.
~~Medical Attendant~~

{*Undertaker,* Frances Creamer
Place of Business, 219 Canton Ave

Address Commis of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Information for Western Cemetery by the Father

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 8 1875 BALTIMORE

Permit No 2534

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 3rd.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Bunn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} ....

Age, 8 *Years,* 2 *Months,* *Days.*

Color, white *Sex,*

~~Married~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 42 Abyalley [illegible] Abys Alley.

Cause of Death, First (Primary,) tuberculer meningitis

Second (Immediate,)

Duration of Last Sickness, about 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, May 5th. 1875

Undertaker, C F Krause

Place of Business, 204. Hanover st *Address* 95 S Sharp st.

[illegible] Abbes M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT MAY 1875 RECEIVED

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21535

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Claudia J Stubbs

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Seven *Years,* four *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, from birth

Place of Death, {Give street and number.} 65 S. Eden st

Cause of Death, {First (Primary,) Whooping Cough. Pneumonia. / Second (Immediate,) Exhaustion

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Ridleyville Del Co Pa

Date of Burial, May 5th /75

Undertaker, Geo. Schilling

Place of Business, No 212 E. Monument st *Address*

P. V. Benson M. D.
Medical Attendant.

187 Hollins st
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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Board of Health, City of Baltimore,

HEALTH DEPARTMENT MAY 4 1915 BALTIMORE

Permit No. 2536.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Levy Heinh

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 54 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, pedlar

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Five months

Place of Death, {Give street and number.} N Durham that 5t

Cause of Death, {First (Primary,) / Second (Immediate,)} Cancer of Stomach

Duration of Last Sickness, Sixty four months

All the above information should be furnished by the Physician.

Place of Burial, Harrows St Cemetery

Date of Burial, May 5 1915

Undertaker, Wm Edlace

Place of Business, 101 Gouky St *Address*

A Friedenwald *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2537

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 3

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hirsch Friedman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 76 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.} Widower

Occupation, ~~Cant~~ Cant Accountain

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, Forty five years

Place of Death, {Give street and number.} Union Hospital

Cause of Death, {First (Primary,) Pleurisy / Second (Immediate.) Apoplexy

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St cemetery

Date of Burial, May 5th

{*Undertaker,* Jno Eclare / *Place of Business,* 101 Gouhg St *Address*

A Friedmann M. D.
Medical Attendant.
Visiting Physician
Union Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2538,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3d

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella Fowler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Months, 7 Days.

Color, Mulatto *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Clay St No number

Duration of Residence in the City of Baltimore, 7 days

Place of Death, {Give street and number.} Clay St

Cause of Death, First (Primary,) Convulsions from Congesting Brain

Second (Immediate,)

Duration of Last Sickness, 3 days,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St ground

Date of Burial, May 4 th 1875

Undertaker, John C Gordon

Place of Business, 63 Park Av *Address*

Geo E Cyle *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 2339,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Florence Newnam

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

~~Married, Single,~~ *Widow* ~~Widower,~~ {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot county Maryland

Duration of Residence in the City of Baltimore, Two years

Place of Death, {Give street and number.} 91 Jasper street

Cause of Death, {First (Primary,) Erysipelas

{Second (Immediate,)

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Easton Md.

Date of Burial, May 5th 1875

Undertaker, John C Jordan

Place of Business, 63 Park Av

H Darling M. D.
Medical Attendant.

Address 143 Mulberry street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.

Board of Health, City of Baltimore,

Permit No. 25740

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Malissia Brown

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, One *Years,* —— *Months,* —— *Days.*

Color, Colored *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 190 Tyson Street

Cause of Death, First (Primary,) Cold

Second (Immediate.) Pneumonia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 4th 1875

Undertaker, John C. Jordan

Place of Business, 63 Park Ave

James H Kenny M. D.

~~Physician~~

Address Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information from Father (John Brown)

[OVER

Board of Health, City of Baltimore,

Permit No. 25741,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Ann. McNew.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* — *Months,* — *Days.*

Color, *Sex,* Fem —

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 3 years.

Place of Death, {Give street and number.} 25-9 William St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis Pulmonalis.

Duration of Last Sickness, about 14 months.

All the above information should be furnished by the Physician.

Place of Burial, Dorchester Co Md

Date of Burial, May 4th

R. J. H. Tall M. D.
Medical Attendant.

Undertaker, Armstrong & Dew

Place of Business, 263 Light St *Address* 158 & 160 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(95)

[OVER.

Board of Health, City of Baltimore,

Permit No. 2572

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma L. Lucas

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* 1 *Months,* 3 *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and number.} 125 Lexington St

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 6th May 1875

Undertaker, Wm H. Hickman

Place of Business, 234 N. Gay Street

Louis C. Fenn M. D.
Medical Attendant.

Address 102 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 25743,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Hamill,

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 75 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} ~~Widow~~

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} No 525 S Bond Balto

Cause of Death, {First (Primary,) Peritoneal Dropsy,
Second (Immediate,)

Duration of Last Sickness, Six weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, May 5th 1875.

Undertaker, Wm. H. Hickman

Place of Business, 234 S. Gay St,

J Redpath Andre M. D.
Medical Attendant.

Address No 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Phebe Davis

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 79 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single,~~ *Widow or* ~~Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford County Md

Duration of Residence in the City of Baltimore, About 9 years

Place of Death, {Give street and number.} 29 Read St

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 5th 1875

Undertaker, H. Lindenberg

Place of Business, 41 Hanover St.

D. L. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2574 5

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 3d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wife Mary Dixon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County, Md.

Duration of Residence in the City of Baltimore, 70 years

Place of Death, {Give street and number.} North Stricker between Baltimore & Pratt

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) Paralysis

Duration of Last Sickness, 24 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 6

Horatio Gatch *M. D.*
Medical Attendant.

{~~Undertaker~~, Samuel W. James
{Place of Business, N. Stricker st 1 door north of Pattenson Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2516,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Engels

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 0 *Months,* — *Days.*

Color, White *Sex,* male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 322 Aisquith St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Physical Debility,

Duration of Last Sickness, 1 hr born

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, May 5 th.

Undertaker, H. Diffel

Place of Business, South Bond St 154

D Cahill M. D.
Medical Attendant.

Address 152 S. Bond St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 5 1875 BALTIMORE

Permit No. 2547

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 1 Sunday 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine B. Swearingen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Twenty One *Years,* Four *Months,* Four *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 191 E. Conway St

Cause of Death, First (Primary,) Part of religious Placenta

Second (Immediate,) Septicaemia Septicaemia

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, May 3 1875

Undertaker, Henry Hoch

Place of Business, No 319 Central Av.

S. N. Brune M. D.

Medical Attendant.

Address 181 E. Eutaw St Balto Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1875 BALTIMORE.

Permit No. 2548

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 3rd 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Kerr

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, black *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Domestic

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, many years

Place of Death, {Give street and number.} 2 Bell's Alley

Cause of Death, {First (Primary,) Intemperance

{Second (Immediate.) Apoplexy – probably – 2 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 5th 1875

{*Undertaker,* William M. Lange

{*Place of Business,* No 104 East St.

Edmund R Walker M. D.

~~Medical Attendant~~ Coroner

~~Address~~ 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 5 1875 BALTIMORE.

Permit No. 25749.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Jane Richardson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 28 *Years,* ... *Months,* ... *Days.*

Color, White *Sex,* Female

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} 59 George St.

Cause of Death, {First (Primary,) Spinal affection, (Caries of Vertebra)
Second (Immediate.) Convulsions

Duration of Last Sickness, 14 years

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemt

Date of Burial, May 6th 1875

Undertaker, A. John J. Andrews for Thos H Weaver

Place of Business, No 496 Druid Hill Avenue *Address* 84 N. Greene St.

D. G. Keller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1875 BALTIMORE

Permit No. 2530

The Physician who attended any person in a last illness is responsible for the preservation of this Certificate, and shall deliver it, filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry White

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} ... *Months,* ... *Days.*

Age, Unknown 27 *Years,*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Washington Univ Hospital

Cause of Death, {First (Primary,) Moribund

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Potters Field

Date of Burial, May 5th 1875

{*Undertaker,* William Donovan

{*Place of Business,* 5 Bank St

Geo. Reynolds M. D.
Medical Attendant.

Address Washington Univ Hospital
Cor Gilbert & Lombard Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 5 BALTIMORE

Permit No. 2557

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Bradley —

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 38 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Mechanic

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~Baltimore~~ Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 23 Parkin St

Cause of Death, {First (Primary,) Heart disease (sudden death)
Second (Immediate,) I was not his last medical

Duration of Last Sickness, attendant — I hear that his last physician has left the city.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral bimo. Edwd. J. Mulholland M. D.
Medical Attendant.

Date of Burial, 6th May 1876.

Undertaker, P. Kimmerd *Address* 279. W. Lombard St

Place of Business 31 Mulberry Str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT MAY 5 1875 BALTIMORE

Permit No. 2532

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bernard J McDermott

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 22 Hillen

Cause of Death, {First (Primary,) Pericarditis (Rheumatic)

{Second (Immediate,)

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, May 6th 1875

H H Webster M. D.
Medical Attendant.

{*Undertaker,* Charles F. Herold

{*Place of Business,* 161 Hanover St *Address* 57, Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased. and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT MAY 5 1875 BALTIMORE

Permit No. 2553,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbary Ellen Gardner

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* 2 *Months,* 1 *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Mantau Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carol County Md.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 384 Lexington St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 6th 1875

Undertaker, Charles Poudre

Place of Business, Balto St. near Pine

A. A. White M. D.
Medical Attendant.

Address 495 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 25374

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If no surname not named, give names of parents.} Jas. Dryden

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 26. *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Assistant Butcher.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Summerset County Md

Duration of Residence in the City of Baltimore, About 26 Years

Place of Death, {Give street and number.} Vincent alley. No 6.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, About 30 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 5th 1875

Undertaker, Wm Jones Son

Place of Business, 65 Mulberry St

Dr Bruce Jones *M. D.*

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT MAY 1875 BALTIMORE

Permit No. 2533,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *honorably filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} James A. Rodgers.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 50 – *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Printer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, during life.

Place of Death, {Give street and number.} 54 S. Eden St.

Cause of Death, { First (Primary,) Organic disease of Heart.
Second (Immediate,) 7 months.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 8th 2 PM

{ *Undertaker,* Hughes & Co
{ *Place of Business,* 165 S Broadway

J. N. Heck, M. D.
Medical Attendant.

Address 95 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

HEALTH DEPARTMENT MAY 6 1875 BALTIMORE

Permit No. 2556,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 3rd may 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary Elen thompson

Sex, Male or Female, {Cross out the word not required in this line.} femal

Age, ~~[illegible]~~ 7 *Months,* ~~[illegible]~~ . 18 . *Days.*

Color, Calard *Sex,* female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Adolfh thompson ~~[illegible]~~ Elis thompson

Occupation, farthr Labar

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~Hall St~~ in Harmon Cart in Rear of Hill St

Duration of Residence in the City of Baltimore, in Baltimore Md all Liftim

Place of Death, {Give street and number.} No 36 Moor Ally

Cause of Death, First (Primary,) Cram Cramps

Second (Immediate,) [illegible]

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cimitary

Date of Burial, 6 may 1875

Undertaker, Mill & Chiles

Place of Business, 72 Penn ave.

P H Burk M. D.

Medical Attendant.

No 99 north St

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2557,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Kate M. L. Brettholl,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, — — *Years,* 9 — *Months,* one *Days,*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} South West Cor Eastern Avenue & Register st

Cause of Death, First (Primary,) — Severe Burn or Scald, from,
Second (Immediate,) Hot Coffee, and Nerve Shock,

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 6th 1875

Undertaker, George Heck

Place of Business, 24 South Eden st

Thomas P. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore.

HEALTH DEPARTMENT MAY 6 1875 BALTIMORE

Permit No. 2538.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amanda Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Five *Years,* 11 *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Five years

Place of Death, {Give street and number.} No 112 W. Register St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Convulsions

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Level Cemetary

Date of Burial, May 7 1875

Undertaker, William Hennegan

Place of Business, No 104 East Street

Charles Bagley M. D.
Medical Attendant.

Address 75 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

HEALTH DEPARTMENT MAY 5 1875 BALTIMORE

Permit No. 2559

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Margaret Ann Waggner

Sex, Male or Female, {Cross out the word not required in this line.} Left to inform

Age, 53 *Years,* 1 *Months,* *Days.*

Color, White *Sex,* Left to inform.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 175 Jefferson

Cause of Death, {First (Primary,) Organic disease of heart

Second (Immediate,)

Duration of Last Sickness, Four or five weeks

All the above informations should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 7, 1875.

Undertaker, M. Lethia A. Dreyer

Place of Business, 74 S. Broadway

Jno. W. Galt M. D.
Medical Attendant.

Address 146 E. Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 8 1875 BALTIMORE.

Permit No. 2560

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Eccles

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Conductor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Indiana

Duration of Residence in the City of Baltimore, — 27 —

Place of Death, {Give street and number.} 5 Paca St.

Cause of Death, {First (Primary,) Internal Injuries of Abdominal organs — Recd by being Caught between Cars
Second (Immediate,)

Duration of Last Sickness, Die days

All the above information should be furnished by the Physician.

Place of Burial, Knoxville, Va

Date of Burial, May 6th 1875.

Undertaker, Joseph B. Cook

Place of Business, 787 N. Balto. St.

John Neff M. D.
Medical Attendant.

Address 558 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1875 BALTIMORE

Permit No. 2561

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann M. Chase.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female.

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Huckstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent County Md.

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, {Give street and number.} No. 11 Hull Lane

Cause of Death, {First (Primary,) Nervous Prostration & Blind for 10 yrs
Second (Immediate,) Dropsy

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Asbury Burial Ground Dr. Geo. M. Blayson M. D.
Medical Attendant.

Date of Burial, May 6th 75

Undertaker, Wm H. Dungee

Place of Business, No 104 East St. *Address* No. 18 Hisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1875 BALTIMORE

Permit No. 2562

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Ann Simmons

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 14 *Years,* 6 *Months,* — *Days.*

Color, Blk *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore Md

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give street and number.} 77 Arch

Cause of Death, { First (Primary,) Phthisis
Second (Immediate.)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Ground Ludwell Eastman M. D.
Medical Attendant

Date of Burial, May 7. 1875

{ *Undertaker,* John C. Gordon *Address* 324 Lexington
{ *Place of Business,* No 63 Park Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 6 1875 BALTIMORE

Permit No. 2563

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Fernandus Foreman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Three *Years,* *Months.* Four *Days.*

Color, ed *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Fort Deposit Maryland

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number.} Little McElderry 2144

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate.) Pulmonary Congestion

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary E. A. Baldwin M. D.

Medical Attendant.

Date of Burial, May 6 1875

Undertaker, William N Bonger

Place of Business, No 104 East St *Address* 124 n. Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 6 1875 BALTIMORE MD.

Permit No. 25644

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly Filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Charlotte Gross

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Seventy *Years,* *Months,* *Days.*

Color, Col *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Seventy Baltimore Md

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 56 Lewis alley Balto

Cause of Death, First (Primary,) Desease of the Heart

Second (Immediate,) Dropsy

Duration of Last Sickness, about 2 6 months

All the above information should be furnished by the Physician.

Place of Burial, Lone Cemetery J H Patterson *M. D.*

Medical Attendant.

Date of Burial, May 6th 75

Undertaker, John B. Williams *Address*

Place of Business, 107 Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 6 1875 RECEIVED

Permit No. 25655

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 1875. May 4

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Maria Miller.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* 5 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 28 South Wolfe St.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate.) General Anasarca

Duration of Last Sickness, 3 weeks & 4 days

All the above information should be furnished by the Physician.

Place of Burial, 5th German Reformed Cemetary

Date of Burial, 6th May 1875

Undertaker, Geo Frechlich

Place of Business, 339 Canton Av

J M Carter M. D.

Medical Attendant.

Address 385 West Fayette St.

Branch Office 249 E. Balt.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 31 1875 BALTIMORE

Permit No. 2566,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 31st 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ursula Hoff

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 5 *Years.* 7 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Attorney

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Died 5 Years

Duration of Residence in the City of Baltimore, 88 S Charles St

Place of Death, { Give street and number. } Lafayette Square

Cause of Death, { First (Primary,) Cerebro Spinal Meningitis / Second (Immediate,) Died Dec 1874

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsis Cemetary

Date of Burial, May 6th 1875

Undertaker, Geo Frechlich

Place of Business, 339 Canton Av *Address*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 6 1875 BALTIMORE

Permit No. 2567

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Cambridge (Cambridge)

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} Mater 358. W Lombard St

Cause of Death, First (Primary,) Heart (Valvular) disease

Second (Immediate,) Dropsy &c

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 7th

Undertaker, H. A. Jenkins & Son

Place of Business, Light St

Chas A Bowers M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 6 1875

Permit No. 2568,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas. Blair

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Cabinet Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland Sligo County

Duration of Residence in the City of Baltimore, Dont Know

Place of Death, {Give street and number.} Inst. Little Sisters of the Poor

Cause of Death, { First (Primary,) / Second (Immediate,) } Pulmonary Phthisis

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross.

Date of Burial, May 6th 1875

{ *Undertaker,* H. Schultheis / *Place of Business,* Monument St } *Address* 174 Eagle st

Jno Burke Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 6 BALTIMORE

Permit No. 2569

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Rettaleta

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 19 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male.

~~*Married,* *Single,* *Widow* or~~ *Widower,* {Cross out the words not required in this line.} Widower

Occupation, Farmer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, 17 years.

Place of Death, {Give street and number.} 65. President Street

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) Pericarditis

Duration of Last Sickness, Three months.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetry

Date of Burial, May 7th. 1875.

Undertaker, W. Dippel

Place of Business, South Bond st 15

H. W. Elbrich M. D.
Medical Attendant.

Address 29. South Sharp Str.

I have advised the Coroner of this case Dr. Morris who is at present absent from the city

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1875 BALTIMORE

Permit No. 2570

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Carr

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, white *Sex,*

~~*Married*~~, ~~*Single*~~, *Widow* or ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland — 29 yrs in America

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} St Josephs Hospital

Cause of Death, First (Primary,) Cancer of Breast (Schirrus).

Second (Immediate,) Erysipelas

Duration of Last Sickness, Some years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 7th 1875

{*Undertaker,* W. C. Kaiser

Place of Business, 72 S. Broadway

Oscar Kelly M. D.
Medical Attendant.

Address St Josephs Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2571,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2d 1873

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Bird

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Nine Months, Days.

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Corner of Sea & Eutaw

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Inanition

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, May 5th

Undertaker, James H Davis

Place of Business,

Julius Dale M. D.
Medical Attendant.

Address Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2572

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Rogers

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 11. *Months,* 12 *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 23rd Lee St

Cause of Death, {First (Primary,) Phthisis
Second (Immediate,)

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Easton Shore — *Date of Burial,* May 8 — 1894 —

Undertaker, J H Chase

Place of Business, No 192 Broadway

Richard Cook & Co M. D.
Medical Attendant.

Address 46 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2573

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sidney Broom.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 15 *Years,* *Months,* *Days.*

Color, Black. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert County.

Duration of Residence in the City of Baltimore, ten (10) years

Place of Death, {Give street and number.} 22 Stockholm St.

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Dropsy.

Duration of Last Sickness, Eight (8) months.

All the above information should be furnished by the Physician.

Place of Burial, Harpt Cemetery

Date of Burial, May 8 1875

Undertaker, H W Chase

Place of Business, No 198 Broadway

J. B. White M. D.
Medical Attendant.

Address Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Badger

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 17 *Years,* — *Months,* — *Days.*

Color, Black. *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Chamber Maid

Birthplace, {State of country (and how long in the United States, if of foreign birth.} Virginia 3 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 46. Mayne St

Cause of Death, {First (Primary,) Typhoid Pneumonia
Second (Immediate.)

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 8 1875

Undertaker, W. H. Chase

Place of Business, No 198 Howard

Address 146 Hanover St

H. Lenore Otto M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT 6 1875

Permit No. 2575

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah L. Smith

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Fem

Age, 39 *Years,* 11 *Months,* ~~~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Mt. Sterling. Ky.

Duration of Residence in the City of Baltimore, Three years

Place of Death, {Give street and number.} 125 Carrolton Av.

Cause of Death, {First (Primary,) Phthisis

{Second (Immediate,) 2 years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Charlestown Mass

Date of Burial, May 7th 1875

Undertaker, Rothschild & Co

Place of Business, Fayette & Republican

Jos. H. Clemens M. D.
Medical Attendant.

Address 133 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 6 1875

Permit No. 2576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Hoey

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, about 70 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nurse & Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Seventy years

Place of Death, {Give street and number.} No 122 Cathedral St

Cause of Death, {First (Primary,) Organic disease of Stomach & Spleen
Second (Immediate,) Asthenia

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Old cathedral Cemetery *Reggin Buckler,* M. D.
Medical Attendant.

Date of Burial, May 6 1875

Undertaker, James D Byrne *Address* 135 n charles st.

Place of Business, No 63 S Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2577

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

No 34

Date of Death, May 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mhgaret Kernan

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 65 *Years,* *Months,* *Days.*

Color, white *Sex,* female - widow

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland 35 years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 248 Franklin

Cause of Death, {First (Primary,) Intermittent Fever
Second (Immediate.) Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, old cathedral Cemetery *Edwd. F. Mitchell* M. D.
Medical Attendant.

Date of Burial, May 6th 1878

{*Undertaker,* James O. Byrne *Address* 279 N. Lombard St
{*Place of Business,* No 63 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT

Permit No. 2578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Barrett

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, about 70 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Married

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Drayman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 65 Orchard St.

Cause of Death, { First (Primary,) Pulmonary tuberculosis
Second (Immediate.)

Duration of Last Sickness, about fifteen months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 7th 1875

{ *Undertaker,* John C Jordon
Place of Business, 63 Park Av

Wm H Thompson *M. D.*
Medical Attendant.

Address 41 Orchard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2579

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Sophia Jane Cooper

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 36 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 111 Montgomery St

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 18 Month

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 7th 1875

{*Undertaker,* Wm Tracy Denny

Place of Business, 263 Light St *Address* 263 Hanover City

Jno. F. Pinard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2580

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James L Abbott

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, House Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester County Md

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} # 28 Church St

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,) Congestion of the Lungs

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, May 6th 1875

{*Undertaker,* Armstrong & Denny

{*Place of Business,* 263 Light St

R. L. Bell M. D.
Medical Attendant.

Address 61 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 6 1875 BALTIMORE

Permit No. 2581

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maryann Washington

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 4 *Years,* 6 *Months,* — *Days.*

Color, Black *Sex,* Female

~~Married,~~ *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Petersburg Va

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 14 S. Liberty Street

Cause of Death, { First (Primary,) Scrofula
Second (Immediate,) Consumption

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 7th 1875

{ *Undertaker,* Jas H. Davis
Place of Business, Saratoga St

Address Commissioners of Health Registrar

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Information by her Uncle Jas S Washington

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2582.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel D Glenn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 7 ~~Months~~, *Days.* *Years,*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 41 Sterrett St

Cause of Death, {First (Primary,) Whooping Cough

Second (Immediate,) 4 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Lebanon

Date of Burial, May 7th 1875

Undertaker, J. H. Hay

Place of Business, 54 S. Broadway

J Hanney *M. D.*
Medical Attendant.

Address 76 Alice

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2583

HEALTH DEPARTMENT MAY 7 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Emily Slaughter

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 5 *Years,* 6 *Months,* 19 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give street and number. } 33 Hanover St Balto

Cause of Death, { First (Primary,) Uterine disease / Second (Immediate,) Peritonitis

Duration of Last Sickness, Three (3) days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, 8th April 1875

Undertaker, H. J. N. Jenkinson & Son *Address* Hanover St. Pk Lane

Place of Business, 16 Light St

J. R. Dean M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2584

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 7 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Hermann von Rabb

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 45 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number.} Laurel & Park Avenue

Cause of Death, First (Primary,) Diabetes

Second (Immediate,) Asthenia

Duration of Last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem'y.

Date of Burial, Saturday 8th May

Undertaker, A. Hunting Son

Place of Business, 16 Light St. *Address* 114 Park ave

F. E. Shattuck Jr M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 7 1875 BALTIMORE.

Permit No. 2585

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately~~ *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Mills

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 69. *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Shoemaker.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pr Geo Co. Maryland

Duration of Residence in the City of Baltimore, 45 yrs.

Place of Death, {Give street and number.} No 64 Amity st.

Cause of Death, First (Primary,) Bright's Disease.

Second (Immediate,) Hemorrhage

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, 7th May

Undertaker, Wm M. Leonard

Place of Business, 782 W. Baltimore [redacted] *Address* 229 Cary st.

Geo Opie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 7 1875 BALTIMORE

Permit No. 2586

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Collins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} .....

Age, 79 Years, ... Months, ... Days.

Color, White *Sex,* .....

Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Gardner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Almar County Ireland

Duration of Residence in the City of Baltimore. 23 years

Place of Death, {Give street and number.} Inst. Little Sisters of the Poor

Cause of Death, First (Primary,) Rheumatism Chronic

Second (Immediate,) General debility

Duration of Last Sickness, 3 or 4 weeks

All the above Information should be furnished by the Physician.

Place of Burial, R.C. cathedral. Jno Brooke Boyle M. D.

Date of Burial, May 8 3 30 Clock P.M. Medical Attendant.

Undertaker, Geo C Peterman *Address* 174 E. Eager St

Place of Business, 58 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 7 1875 BALTIMORE

Permit No. 2587

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate properly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Myers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Ten *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Clarksville

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Clarksville Howard County

Duration of Residence in the City of Baltimore, Five years

Place of Death, {Give street and number.} Harmony Lane one door west of Pegon

Cause of Death, { First (Primary,) Congestion of Brain
Second (Immediate.) Twenty four hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St New burying ground

Date of Burial, May 7th 1875

{ *Undertaker,* Wm Gray — *Address* 144 Cary Street
{ *Place of Business,* Mulberry Street

N. B. Chesney M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1875 BALTIMORE

Permit No. 2588

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *when duly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Hedgwick

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* 10 Month *Months,* [illegible] *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 53 Bridgewy Ly

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,) Exhaustion

Duration of Last Sickness, 8 Weeks & 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 7th 1875

{*Undertaker,* William N. Dunger *Address* 166 S. Paca St

{*Place of Business,* he 104 East St.

C. Ish & Allen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 7 1875

Permit No. 2589.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa E Carlyle

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Eighty two *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, House

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Abington Harford County Two years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 78 St Paul St.

Cause of Death, First (Primary,) old age

Second (Immediate,) Pneumonia

Duration of Last Sickness, About three months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery D. L. Rowe M. D.

Medical Attendant.

Date of Burial, May 7, 1875

Undertaker, John C. Jordan *Address* 8 J Hubert St

Place of Business, 62 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 7 1875 BALTIMORE

Permit No. 2590

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary C Laugville

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 16 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 54 Wyeth St.

Cause of Death, { First (Primary,) / Second (Immediate.) } Bronchitis (Capillary)

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery J. H. Keller. *M. D.*

Date of Burial, May 9th 1875 Medical Attendant.

{ *Undertaker,* Charles F. Herold *Address* 89 N Gaene St.
{ *Place of Business,* 161 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

C. Herold

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 7 1875 BALTIMORE

Permit No. 2591

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Miller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 11 *Years,* 5 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 197 East. Green.

Cause of Death, First (Primary,) Peritonitis

Second (Immediate,)

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetery Abram B Arnold M. D.

Date of Burial, May 7 "

Medical Attendant.

Undertaker, W. Diffel

Place of Business, Fell & Bond st 151 *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2592

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 6 May 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Michael

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* ~~*Months,*~~ ~~*Days.*~~

Color, White *Sex,* ~~Female~~

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Congestion of the Brain

Second (Immediate,) Convulsions

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, May 7. 1875

Undertaker, H. Schultheis

Place of Business,

Marbury Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 7 1875 BALTIMORE

Permit No. 2593,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Kisselhorst,

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, One Years, Three Months, ——— Days.

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 42 Lancaster st

Cause of Death, {First (Primary,) Acute Meningitis

Second (Immediate,) ——— ——— ———

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Schwartz Burial ground

Date of Burial, May 8th 1875

{*Undertaker,* Mr. Kurtz

Place of Business, No 277 Bond st

Thomas D. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2594,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Wm Henry Cooper.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* — *Days.*

Color, Colored — *Sex,* Fem.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 138 Gorsuch St.

Cause of Death, {First (Primary,) Meningitis

{Second (Immediate,)

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 6 75

{*Undertaker,* John B. Williams

{*Place of Business,* 107 Lee st

R. J. H. Tall M. D.

Medical Attendant.

Address 15-8. S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2595

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} George Washington Frazier

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Six *Years,* *Months,* 26 *Days.*

Color, Black *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Caroline County Md

Duration of Residence in the City of Baltimore, 3 1/2 years

Place of Death, {Give street and number.} No 23 Elbow Lane

Cause of Death, {First (Primary,) Hooping Cough / Second (Immediate,) Pneumonia

Duration of Last Sickness, Three weeks & three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 7 1875

Undertaker, C. H. Chase

Place of Business, No 178 Broadway

Jno. D. Blake M. D.
Medical Attendant.

Address S.E. Cor Park & Lexington Sts Baltr

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1875 BALTIMORE

Permit No. 2596

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Stephens

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} —

Age, —— *Years,* Ten *Months,* — *Days.*

Color, Col *Sex,* ——

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 5th Chestnut St

Cause of Death, {First (Primary,) Herpitic-Cough
Second (Immediate,) Two months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery.

Date of Burial, May 7. 1875

{*Undertaker,* J. W. Elzave & Co
{*Place of Business,* No 198 Forrest St

W. W. Antrim M. D.
Medical Attendant.

Address 192 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2597

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE MAY 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Mc. Graw

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 42 *Years,* ... *Months,* ... *Days.*

Color, white *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Labour

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 61. Centre Market. [illegible]

Cause of Death, {First (Primary,) Pleuro Pneumonia

{Second (Immediate.)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Cemetery

Date of Burial, May 7 1875

{*Undertaker,* James D Byrne

{*Place of Business,* No 63 W Pratt St

Peire G. Dandridge M. D.
Medical Attendant.

Address 270 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2598,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED MAY 7 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6, 1895

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Levi Cohen

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 72 *Years,* *Months,* *Days.*

Color, White *Sex,* Married

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Pedlar

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, { Give street and number. } No 12 Thompson Ln

Cause of Death, { First (Primary,) Chronic Bronchitis

Second (Immediate.)

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery

Date of Burial, May 8th

Undertaker, Wm Eilau

Place of Business, 101 Gough St *Address*

Abram N Arnold *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2599

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Friedrich Eichhorn

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 *Years,* 9 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Tuner & Repairer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} Cor. Wolf & Eutaw.

Cause of Death, {First (Primary,) Collapse from internal disease

{Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus.

Date of Burial, May 9th

Undertaker, Michael Furst

Place of Business, No 95 Barre St. *Address*

Adam D. Smith *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT 1875 BALTIMORE.

Permit No. 2600

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 7th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Pinto Franqui

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 55 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Native of Havana (Cuba).

Duration of Residence in the City of Baltimore, Seven years.

Place of Death, {Give street and number.} Lexington St. 446.

Cause of Death, First (Primary,) Chronic bronchitis, bronchial dilatation.
Second (Immediate,) Pernicious remittent-pneumonia fever.

Duration of Last Sickness, Twelve days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 8th 75

R. Joseph Lopez. M. D.
Medical Attendant.

Undertaker, J. P. Coulson

Place of Business, 26 Saratoga St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2601

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Friday May 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace Hammond Beauchamp

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 6 *Days.*

Color, White *Sex,* Fem

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 320 N. Lombard St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 172 Arlington ave.

Cause of Death, {First (Primary,) Encephalitis

{Second (Immediate,) 20 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 8th 1875

Undertaker, Jno H. Weaver

Place of Business, Fayette St

Jo. C. Benzinger M. D.
Medical Attendant.

Address 76 N. Arlington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2602

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christiana Dickus

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 85 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany — 9 yrs in U.S.

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, {Give street and number.} St Josephs Hospital

Cause of Death, First (Primary,) Epithelioma of Mouth —
Second (Immediate.) Exhaustion

Duration of Last Sickness, About 8 Months

All the above information should be furnished by the Physician.

Place of Burial, St Marys Cemetery Washington

Date of Burial, 9th May 1875

Undertaker, A. Köhler

Place of Business, 244 E Lombard. *Address* St Josephs Hospital

Oscar J. Cokery M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(100)

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2603,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Sharpe

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~ Years, 6 Months, 20 Days.

Color, Black *Sex,* male

~~*Married,* Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 221 Warner Street

Cause of Death, {First (Primary,) Whooping cough
Second (Immediate,) Exhaustion

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James A Steuart M. D.

Date of Burial, May 9th 1875 Medical Attendant.

Undertaker, Saml W. Chase Address Commis of Health

Place of Business, S. Howard St Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Information by Mary Albin (aunt of Child)

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2604,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Israel Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* 10 *Days.*

Color, Black *Sex,* male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 7. Watts Front Court

Cause of Death, {First (Primary,) Abcesse on Arm & Leg

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James & Hearn M. D.

Date of Burial, May 9th 1875

{*Undertaker,* Wm D. Gray

{*Place of Business,* Saratoga St Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Information by George Smith Parent of child

Permit No. 2605

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 8 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Barrett

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 89 *Years,* — *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dover Delaware

Duration of Residence in the City of Baltimore, about 70 years

Place of Death, {Give street and number.} No 76 Broadway Balto

Cause of Death, First (Primary,) old age

Second (Immediate.)

Duration of Last Sickness, about a year

All the above information should be furnished by the Physician.

Place of Burial, Zions Church Balto Co

Date of Burial, May 10 1875

Undertaker, Wm Ay

Place of Business, 54 & Broadway

J Watkins M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2606.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Ferdinand Nelson.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male.

Age, 40 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male.

~~*Married*~~, ~~*Single*~~, ~~*Widow*~~ *or Widower,* {Cross out the words not required in this line.} Widower.

Occupation, Tailor.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Nibe Denmark 8 Mos. in U.S.

Duration of Residence in the City of Baltimore, 8 Months.

Place of Death, {Give street and number.} 62 Gough St

Cause of Death, First (Primary,) Phthisis.

Second (Immediate,) Hemoptysis.

Duration of Last Sickness, Has suffered with Phthis several years. I was called to see him on the Evening of 2d Inst. at which time he had hemorrhage

All the above Information should be furnished by the Physician.

Place of Burial, Bell's Cemetery

Date of Burial, May 9th at 10 hrs

Jas F. Powell M. D.
Medical Attendant.

Undertaker, Henry Sauter

Place of Business, 562 Canton Ave *Address* 72 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2607.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Edward Morgan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* 11 *Months,* 2. *Days.*

Color, Black, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 6 Walnut al.

Cause of Death, First (Primary,) Bronchitis.

Second (Immediate,)

Duration of Last Sickness, Six weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 9th 1875

Undertaker, W. H. James Gray

Place of Business, 65 Mulberry st

Albert Stephens. M. D.
Medical Attendant.

Address 30 N. Carrollton av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 2608,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Cullen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 38 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give street and number.} 229 Baltimore St.

Cause of Death, First (Primary.) Premature Labor

Second (Immediate.) Hemorrhage

Duration of Last Sickness, 18 hours.

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem.

Date of Burial, May 10th 1875

Undertaker, Jos H Byrne

Place of Business, 59 N Liberty St *Address*

L Sullivan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2609

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Samuel Johnson

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, Mulatto *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Drayman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Md

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and number.} 46 Hamilton st

Cause of Death, {First (Primary.) Diptheria

{Second (Immediate.) [illegible]

Duration of Last Sickness, Monday

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 9th 75

{*Undertaker,* J. B. Williams

{*Place of Business,* 107 Lee st

H W Webster M. D.
Medical Attendant.

Address 51 Barre st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2610,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John August Schoch

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} —

Age, ——— *Years,* ——— *Months,* 8 *Days.*

Color, white *Sex,* male

~~*Married,*~~ *Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 353 S. Ann Street

Cause of Death, First (Primary,) Spasms

Second (Immediate,) "

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, May 9th 1875

Undertaker, Parents

Place of Business, ———

M. D.

Medical Attendant.

~~Address~~ Commiss of Health Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Information John Schoch Parent

Health Department, City of Baltimore,

Permit No. 2611

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matilde D. Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 22 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, {Give street and number.} 4 S. 2d st

Cause of Death, First (Primary,) Syphilis

Second (Immediate,) Anemia Produced by blood poisoning

Duration of Last Sickness, Confined to bed for the last 2 week

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick Cemetery

Date of Burial, May 10. 1875

Undertaker, 74 S. Broadway

Place of Business, Mc A. Davis

James F. McShane M. D.

Medical Attendant.

Address 254 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2612

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Kennedy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 3 *Months,* 25 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} E. Dennis Mass.

Duration of Residence in the City of Baltimore, one week

Place of Death, {Give street and number.} 7 Trinity St.

Cause of Death, {First (Primary,) Spasm of Glottis

{Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery Abram's Road

Date of Burial, May 9th 1875

Undertaker, H. A. Unger *Address* 3 S. High St

Place of Business, 101 Baltimore

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2613

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 8 1875 BALTIMORE.

Date of Death, May 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margerk Chaillonts

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 5 *Years,* 1 *Months,* 5 *Days.*

Color, *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, 25 years.

Place of Death, {Give street and number.} 34 Corydale St. Balto Md

Cause of Death, {First (Primary,) ? Second (Immediate,) Inflamation of Bowels.

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 10th 1875

Undertaker, Charles F. Hewlett

Place of Business, 161 Hanover St

H. I. Spicer M. D.
Medical Attendant.

Address 379 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2614

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th 1875 11.45 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christian Friedr Simon

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 37 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Holestine Germany - in U.S. 12 years

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} Eastern Av W = 357

Cause of Death, {First (Primary,) / Second (Immediate,)} Intussusceptian

Duration of Last Sickness, six days

All the above information should be furnished by the Physician.

Place of Burial, M.E.B. Grave Hill Rd

Date of Burial, Sunday May 9th

Undertaker, E.L. Schlenker.

Place of Business, 214 East Eutaw

L. O Windsor M. D.
Medical Attendant.

Address 12. S. Eden st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2615

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Alexander Hall.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, one *Years,* 3 *Months,* 4 *Days.*

Color, Black *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} N. W. Cor. Booth & Amity Sts.

Cause of Death, {First (Primary,) Contusion

{Second (Immediate,) Pneumonia

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery J. G. Wittstein M. D.

Medical Attendant.

Date of Burial, May 9. 1875

Undertaker, Samuel W. Hall *Address* 398 W. Fayette st.

Place of Business, No 198 Edmondson Av. Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2616

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Horace Edwd Smith

~~Sex~~, *Male or* ~~Female~~, {Cross out the word not required in this line.}

Age, 4 1 *Years,* *Months,* *Days.*

Color, ea —

Sex,

Married, ~~Single~~, *Widow or Widower,* {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co. Md.

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and number.} 116 Price

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 9. 1875

Undertaker, Samuel Wallace *Address*

Place of Business, Richard Leonard & 558 W. Fayette st

John Neff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8'2617

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 7th May 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Johnson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, Black *Sex,* female

Married, ~~Single,~~ *Widow* ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation, Wash woman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 53 years

Place of Death, {Give street and number.} 89 N Dallas st

Cause of Death, {First (Primary,) Tubercular Consumption / Second (Immediate,)}

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 9th 1875

{*Undertaker,* William A. Dunge / *Place of Business,* No 104 East st.

Wm. L. Rund M. D.
Medical Attendant.

Address 13 Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2618

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5 Mo 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hugh Warden

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 70 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 39 years

Place of Death, {Give street and number.} Corner Cathedral & Richmond Sts.

Cause of Death, {First (Primary,) Jaundice
Second (Immediate.) Congestion of the Brain

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, 10th May 1875

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light st. *Address* 47 Lexington St

W. Kiley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2619

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1895 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Edmond Baker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore all. ~~St~~ City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 239. E Charles

Cause of Death, First (Primary,) Membranous Croup,

Second (Immediate,) 3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, West Cemetery Woodlawn

Date of Burial, May 9th 1895

Undertaker, P. J. Sowerbeck *Address* 146 Hanover St

Place of Business, 35 S. Eutaw St

M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 9 1875 RECEIVED

Permit No. #2620

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Toner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 32 ~ *Years.* —— *Months,* — *Days.*

Color, White *Sex,* [illegible]

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} Balto 66 Perry St.

Cause of Death, {First (Primary,) Cerebro Spinal Fever

Second (Immediate,)

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters (R.C.) J. A. McCollom M. D.

Medical Attendant.

Date of Burial, May 10th 1875

Undertaker, Mackenzie

Place of Business, 101 Balt 150 Camden St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1875 BALTIMORE

Permit No. 2621

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Wilhelm Goberle

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.} male

Age, One Year, 7 Months, 10 Days.

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co'y

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Browns lane Balto Co'y no number

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate.) about three weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Jas L Smithson M. D.
Medical Attendant.

Place of Burial, St Alphonsus

Date of Burial, May 9

{*Undertaker,* J B Cook

{*Place of Business,* 707 W Balto St Address

584 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Phy-sician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
MAY
BALTIMORE.

Permit No. 2622

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Booth.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} ... *Months,* ... *Days.*

Age, 70 *Years,*

Color, White *Sex,* ...

Married, ~~Single,~~ *Widow or* ~~Widower,~~ {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford County

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 174 Chestnut st

Cause of Death, {First (Primary,) Congestion of Brain
Second (Immediate,) Six days

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery D. L. Williams M. D.
Medical Attendant.

Date of Burial, May 12th

{*Undertaker,* Geo W Spence *Address* 201 Madison Ave
Place of Business, 206 Forest Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 2623

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Regina Bergen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 48 *Years,* 11 *Months,* 22 *Days.*

Color, White

~~Sex,~~

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kurhessen Germany — 25 yrs

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and number.} 343 S. Charles St.

Cause of Death, {First (Primary,) Acute Enteritis

Second (Immediate,) 4 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Benificial Burial Place J. H. Smith M. D.

Medical Attendant.

Date of Burial, May 9th — 4 P.M.

Undertaker, Louis Eilau Address 108 S. Sharp St.

Place of Business, Gough St. 2 doors from Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2624

HEALTH DEPARTMENT 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Murphy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 10 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, Scholar

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 2 Years Chas.

Place of Death, {Give street and number.} 3 E Monument

Cause of Death, {First (Primary,) Concussion of Brain,
Second (Immediate.)

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemt Ezekiel Hennessy M. D.
Medical Attendant.

Date of Burial, May 9 1875

Undertaker, John J. Podesmayer *Address* 133 N Eden

Place of Business, 102 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS,

HEALTH DEPARTMENT MAY 9 BALTIMORE

Permit No. 2625

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Norris.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 68 Years, Months, Days.

Color, White *Sex,* Female.

~~Married, Single,~~ Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Maryland.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 50 years.

Duration of Residence in the City of Baltimore, 95 E. Baltimore St.

Place of Death, {Give street and number.}

Cause of Death, First (Primary,) Intestinal Obstruction.

Second (Immediate.) 3 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 10th 1875

Undertaker, Wm S Hughes

Place of Business, 60 E Pratt

J. H. Hanck M. D.
Medical Attendant.

Address 95 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2121

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 9 1875 BALTIMORE

Date of Death, 9th. May 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Martha Robeiro

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Three *Years,* one *Months.* one *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~No 19 Hall Alley~~ Balte.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 19 Hall Alley

Cause of Death, First (Primary,) Scalatina

Second (Immediate.) Diphtheria

Duration of Last Sickness, 19 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 10 1875

Undertaker, Charles F. Hewlett *Address* 236 Mulberry St.

Place of Business, 161 Hanover St

Louis C. Fiss M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2627

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 9 1875 BALTIMORE

Date of Death, May 8. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Kirk

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Fifty *Years,* two *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, ~~Single,~~ Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Newcastle, County Limerick, Ireland.

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} # 159 N. Spring st.

Cause of Death, First (Primary,) Phthisis Pulmonalis "

Second (Immediate,)

Duration of Last Sickness, Has been sick for 12 years but confined to her bed the last 5 months.

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cem

Date of Burial, May 10th 1875

Undertaker, James P Byrne

Place of Business, 63 Front st.

Geo. A. Hartman M. D.
Medical Attendant.

Address 305 N. Caroline st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2628,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 9th 1875. 7½ P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christopher & Mary Bennett

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* One hour. ~~Days~~

Color, White — *Sex,* Female —

Married, Single, ~~Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State of country (and how long in the United States, if of foreign birth.} Balto md —

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Cor Douglas & Forest. — Thrombosis —

Cause of Death, {First (Primary,) — do —
Second (Immediate.) — One half hour.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery — W. T. Johnson — M. D.
Medical Attendant.

Date of Burial, May 10th 1875

Undertaker, Mathews a. Saiger *Address* 86. E. Fayette. St

Place of Business, 74. S Bond.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 2629

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah C. Hill

Sex, Male or Female, {Cross out the word not required in this line.} Female,

Age, Forty one *Years,* two *Months,* Twenty four *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 62 S. Chester St.

Cause of Death, { First (Primary,) / Second (Immediate,) Consumption,

Duration of Last Sickness, Twelve Months,

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 11th

{ *Undertaker,* D Hughes & Co
{ *Place of Business,* 65 S Broadway

Nicholas L Dorsett M. D.
Medical Attendant.

Address 207 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2630.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 9th May

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James McMahon

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 3 *Years,* 4 *Months,* *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 349 Mulberry st.

Cause of Death, {First (Primary,) Gastro-Enteritis.
Second (Immediate.)

Duration of Last Sickness, Two (2) weeks.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 10th 1875

Undertaker, Jas F Byrne

Place of Business, 63 Front st

Ludwig Hemmeter M. D.
Medical Attendant.

Address 133 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Form No. 2631,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Cunningham

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* 6 *Months,* ——— *Days.*

Color, white *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 78 E. Fayette Street

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) Gen Debility

Duration of Last Sickness, 10 years

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery James A Steuart M. D.

Date of Burial, May 11th 1875

Undertaker, Geo W. Spence *Address* Comm'rs of Health &

Place of Business, 206 Forest St Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Information from his Son Edward Cunningham

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 2632

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry A. Hayward

Sex, Male ~~Female~~, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 3 *Months,* 18 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 136. William St

Cause of Death, {First (Primary,) Meningitis

{Second (Immediate,) 7 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 11th 1878

{*Undertaker,* Charles B. Herold *Address* 17 Warren St

{*Place of Business,* 161 Cameron St

H. B. Noble M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 2633

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Isaiah Tubman

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 6 *Years,* 11 *Months,* *Days.*

Color, colored *Sex,* male

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore city

Duration of Residence in the City of Baltimore, since birth.

Place of Death, { Give street and number. } 17 Hastings court.

Cause of Death, { First (Primary,) Phthisis Pulmonalis

Second (Immediate.) four months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loud County

Date of Burial, May 10 " 1875

{ *Undertaker,* John H. Locks

{ *Place of Business,* 65 S. Liberty St

A. F. Erich M. D.

Medical Attendant.

Address 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2634

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ophelia Giles.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 11 *Years,* 2 *Months,* *Days.*

Color, colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, Lived 11 Yrs.

Place of Death, {Give street and number.} 205 Mendenhall Pl.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Six months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 18th 1875

Undertaker, John W. Locke

Place of Business, 65 S. Wolfe St

C. Glanville, M. D.
Medical Attendant.

Address Balt. & Washington, St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Form No. 2635

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Long

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, Brown *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 3 Plum alley

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate.)

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Kennedy M. Hall M. D.

Date of Burial, May 11th Medical Attendant.

Undertaker, James H Davis *Address* 266 S Sharp st

Place of Business, No 12 Santee st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

OFFICE OF REGISTRAR OF VITAL STATIS

No. 2636

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurat*
out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 10 1875 BALTIMORE

Date of Death, may 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Craig

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, One *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower;*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 2 Booth Court

Cause of Death, First (Primary,) Dentition

Second (Immediate,) ——— ———

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St B G James A Menah M. D.

Date of Burial, May 10th 1875 Medical Examiner

Undertaker, H. A. Gray *Address* Comm. of Health & Registrar

Place of Business, 7 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Information by James Thompson Relative

OFFICE OF REGISTRAR OF VITAL STATIS

No. 2637

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurate* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Henrietta Thomas

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 44 2/6 *Years,* ~~4~~ *Months,* *Days.*

Color, Black *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Forty Six Years

Place of Death, {Give street and number.} King Street ~~115~~ 111

Cause of Death, {First (Primary,) Dropsy - caused by} {Second (Immediate,) disease of the heart.}

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, New Shara Sh ~~Cem~~ Baltimore M. D.
Medical Attendant.

Date of Burial, May 10th

{Undertaker, Samuel Chase *Address* 213 W. Lombard St.

{Place of Business. Lon. Hill & Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 2638.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10. 12. a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Rudell

Sex, Male or Female, {Cross out the word not required in this line.} Femel

Age, — *Years,* 2 piece *Months,* — *Days.*

Color, White *Sex,* Femel.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} X

Occupation, X

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 317 N. Howard St.

Duration of Residence in the City of Baltimore, Seven Months

Place of Death, {Give street and number.} 56 Division St.

Cause of Death, { First (Primary,) — Second (Immediate,) Marasmus.

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 11th 1875

{ *Undertaker,* Andrew Deitz *Address* cor Saratoga & Jasper
{ *Place of Business,* 118 Druid Hill Ave

John L. Ziter. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 2639

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Johnson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 362 Raborg Street

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,) 3 months (?)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 10 / 875

{*Undertaker,* S. M. Chase & Co

{*Place of Business,* No 19 S Howard St

Chas Wm Neff M. D.
Medical Attendant.

Address 306 W Lafayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 2644

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 13 1875 BALTIMORE

Date of Death, May 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Dodd

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 56 *Years,* *Months,* *Days.*

Color, White *Sex,* Widower

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Engineer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lancashire, England

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 28 Canton Ave at Depot

Cause of Death, { First (Primary,) Supposed Dysentary
Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

M. D.

Medical Attendant

Place of Burial, Mount Olivet

Date of Burial, May 11

Undertaker, J B Orth

Place of Business, 707 W Balto St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 2641

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Gustave L. Nurnberger

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* 8 *Months,* 13 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Piano Manufacturer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany Thirty four years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 710 West Pratt

Cause of Death, {First (Primary,) Chronic Diarrhoea Seven Days
Second (Immediate,) Consumption Four Years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 10

Undertaker, H. B. Cook

Place of Business, 107 W. Baltimore *Address* # 584 W. Fayette St

Thos. F. Kinnikin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 2642

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Maria Kopp

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 38 years *Years,* Six *Months,* Twenty two *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baden Germany 38 years

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and number.} 159 Mott St

Cause of Death, First (Primary,) Lupus Exedens

Second (Immediate,) Exhaustion

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Ft. St. Johns

Date of Burial, May 12th 1875

Undertaker, C. F. Krause

Place of Business, 269 Hanover St

Julius Hall M. D.
Medical Attendant.

Address Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 2643,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 10th May 1875. 8 o'clock A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stanislauwa Skalitzky

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Posen, Prussia, Germany

Duration of Residence in the City of Baltimore, 2 years.

Place of Death, {Give street and number.} Shakespeare Street No 5.

Cause of Death, {First (Primary,) / Second (Immediate,)} Croup.

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial St Michaels Cemetery

Date of Burial, 11th day of May

Undertaker, Francis Cramer

Place of Business, No 219 Canton Avenue

William Henkel M. D.
Medical Attendant.

Address S. Wolfe & 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
MAY
1875
BALTIMORE.

No. 2644

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Branich.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England 5 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 718 West Pratt St

Cause of Death, { First (Primary,) Intemperance
Second (Immediate.) Apoplexy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, May 11

{ *Undertaker,* J. B. Cook

Place of Business, No 707 W Baltimore St

Geo. G. Cooper M. D.
Medical Attendant.

Address 229 Cary St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Death or Death, City or Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 2645

HEALTH DEPARTMENT MAY 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} abraam Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, not Known

Place of Death, {Give street and number.} Balt Infirmary

Cause of Death, {First (Primary,) / Second (Immediate,)} amputated Leg

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery T. A. Ashby M. D.

Date of Burial, May 11th Medical Attendant.

Undertaker, H B Booth

Place of Business, No 707 N Baltimore Street *Address* Balt Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 2646

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Crowley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 80 *Years,* ——— *Months,* ——— *Days.*

Color, white *Sex,* female

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give street and number.} Canton

Cause of Death, {First (Primary,) Old age / Second (Immediate,) ———

Duration of Last Sickness, 7 Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem. James A. Steuart M. D.

Date of Burial, 12th of May 1876

Undertaker, J. C. Cook

Place of Business, 707 W. Balt St

Address Comm'rs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Information by letter from Dr M. J. Gately

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 2647

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *as prescribed filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Michael Stutz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 43 *Years,* *Months,* *Days.*

Color, Mulatto *Sex,* Male

Married, ~~Single Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Cooper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hessen Germany

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, {Give street and number.} No 131 Hudson street Canton

Cause of Death, {First (Primary,) Aneurism

{Second (Immediate,) Dropsy

Duration of Last Sickness, 13 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, May 11th 1875

{*Undertaker,* W. Disque

{*Place of Business,* Boat Bond st

Thomas R. Evans, M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 2648.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

MAY 11 1875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willy Geus

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 0 *Months,* 1 *~~Months~~* 19 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 204 W Fayette Street

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, 11th day of May

Undertaker A. Widemeyer *Address* 224 W Fayette Street

Place of Business, W Baltimore Street 518½

S. E. Linthicum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2649.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Hamilton

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} .....

Age, 2 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 5 S. Eastest

Cause of Death, First (Primary,) Scarlet Fever.

Second (Immediate,) Laryngitis

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St Johns Comty

Date of Burial, 11th May

Undertaker, A. Keller

Place of Business, 399 E. Fayette

G. Hamilton M. D.
Medical Attendant.

Address Balt Washington, Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2650

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Lee Campbell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* 15 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore. Since birth

Place of Death, {Give street and number.} 438 E. Commerce St.

Cause of Death, First (Primary,) Marasmus.
Second (Immediate.) Exhaustion

Duration of Last Sickness, Since birth.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, 12 of May 1875

Undertaker, W. H. Hickman

Place of Business, Gay St

G. Glanville, Jr. M. D.
Medical Attendant.

Address Balt. Washington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2651

OFFICE OF REGISTRAR OF VITAL STATISTICS

BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10th day of May 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Haeflin

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} female

Age, one *Years,* 11 *Months,* 23 *Days.*

Color, white *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 48 N. Liberty St. Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 48 N. Liberty St. Baltimore Md.

Cause of Death, {First (Primary,) membranous croup / Second (Immediate,) suffocation

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Loyd St Congregation Cemetery

Date of Burial, May 11

Undertaker, H. Langrod

Place of Business, 89. E. Gough St.

N Henry Salzer M. D.
Medical Attendant.

Henry

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 2652

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Tuesday morning May 11 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Tina Ludwig

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 62. *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} York Co Pa

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 186 Saratoga st

Cause of Death, {First (Primary,) Phthisis

{Second (Immediate,) Hæmoptysis

Duration of Last Sickness, Several years.

All the above information should be furnished by the Physician.

Place of Burial, Shrewsbury Pa.

Date of Burial, May 14th 1875

{*Undertaker,* Jno H. Weaver

{*Place of Business,* Fayette St

R. P. Morgan M. D.
Medical Attendant.

Address 175 Saratoga st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Grant 101

No. 2653.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William White

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* *Months,* *Days.*

Color, Black *Sex,* male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 6 Clarkes Alley

Cause of Death, First (Primary,) Heavy Cold

Second (Immediate,) Bronchitis

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, H. Pottersfield

Date of Burial, May 11th 1875

Undertaker, M. H. C. Penn

Place of Business, H. Pratt St

Jas. A. Steuart M. D.

Address Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Information by mary White mother

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 26574

HEALTH DEPARTMENT MAY 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary S. Ford

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* 3 *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cecil Co. Md

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} 64 St. Paul St.

Cause of Death, { First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, About 6 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery *Helen Courtney* M. D.

Medical Attendant.

Date of Burial, 12th May 1875

Undertaker, H. M. Tuttle & Son *Address* 148 Mulberry St

Place of Business, 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2653

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucy Sutton

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ~~1~~ 5 *Years,* Eight *Months,* *Days.*

Color, Black *Sex,* Female.

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Entire life

Place of Death, {Give street and number.} 189 Penn St

Cause of Death, {First (Primary,) Inflamation Rheumatism. Second (Immediate,) Hypertrophy of Heart.

Duration of Last Sickness, Four Mos!

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 11 1875

{*Undertaker,* J. M. & J. Gordon

{*Place of Business,* 63 Park Av.

J. G. Wiltshire M. D.
Medical Attendant.

Address 398 N. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 2656

OFFICE OF REGISTRAR OF VITAL STATISTICS.

MAY 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob B Nelson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 54 *Years,* *Months,* *Days.*

Color, Col *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Hackman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, about 20 years

Place of Death, {Give street and number.} No 911 Chastworth st Balto

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,) Hemorrhage

Duration of Last Sickness, about 5 or 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery J H Patterson *M. D.*

Date of Burial, May 11th 1875 Medical Attendant.

{*Undertaker,* W H Lange

{*Place of Business,* East St. *Address* 28 Franklin St Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 2657.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Teresa E. O'Hara

Sex, Male or Female, {Cross out the word not required in this line.} —

Age, 25 yrs. *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 19 Jackson str

Cause of Death, {First (Primary,) Convulsions

{Second (Immediate.) Paralysis

Duration of Last Sickness, about 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 12th 1875

{*Undertaker,* Thos S Hughes *Address* 86 S. Fayette

{*Place of Business,* 60 E Balto st

W. S. Dahme, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2658,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} William Lee.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* 11 *Months,* ——— *Days.*

Color, Black *Sex,* male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Chesnut Alley betwn Fremont & Bruns

Cause of Death, {First (Primary,) Fall — Second (Immediate,) Disease Spine

Duration of Last Sickness, one year —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James A Steuart M. D.

Date of Burial, May 12th 1875

Undertaker, John L. Gordon *Address* Commiss of Health & Registrar

Place of Business, Fork St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Sarah Jones (Mother)

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 2659.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane G. Dorman

Sex, ~~Male~~, *Female,* {Cross out the word not required in this line.}

Age, 84 *Years,* one month *Months,* 5 *Days.*

Color, (W) *Sex,*

~~Married, Single,~~ *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Sussex Co Delaware -

Duration of Residence in the City of Baltimore, 44 years -

Place of Death, {Give street and number.} 45 N Fremont Street

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, two weeks -

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery David C. Covell M. D.

Date of Burial, May 12th 1895 Medical Attendant.

Undertaker, Wm Keaver

Place of Business, 1146 Druid Hill Ave *Address* 1029 Aisquith St. Balto -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2660. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Edward Pausch

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, ~~*Years.*~~ ~~*Months,*~~ 19 *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 717. W. Baltimore Street

Duration of Residence in the City of Baltimore, 18 Days

Place of Death, {Give street and number.} 717. W Baltimore Street

Cause of Death, {First (Primary,) / Second (Immediate.)} Infantile Convulsions / Sudden

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 12th

{*Undertaker,* / *Place of Business,*} J. B. Cook, No 707 W. Baltimore Street

A. T. Bell M. D.
Medical Attendant.

Address 306 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Certificate No. 2661

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11th May 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elenora ~~Florence~~ Beck

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. } ~~Female~~

Age, One *Years,* 1 *Months,* *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 13 months

Place of Death, { Give street and number. } 231 N Bond St

Cause of Death, { First (Primary,) Tuberculus Meningitis / Second (Immediate,)

Duration of Last Sickness, 13 Months

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, May 12th Wm. L. Russell M. D.
Medical Attendant.

Undertaker, Rid H Weaver

Place of Business, Fayette St *Address* Broadway & Madison Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Certificate No. 2662

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harman Neumann

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, white *Sex,* male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Tinner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany — 18 mos in U.S

Duration of Residence in the City of Baltimore, 18 mos

Place of Death, {Give street and number.} 110 N High St

Cause of Death, {First (Primary,) Epilepsy

Second (Immediate,) Apnoea — in a convulsion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 12 1875 Edmund Walker M.D.

{*Undertaker,* Geo C Rahmann, *Address* Medical Attendant.

Place of Business, 58 Eutaw St Coroner 8th P. Dist

780 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Cert No. 2663

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Meiles

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Book Keeper & Collector

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give street and number.} 419 W Pratt St

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) Apoplexy

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, May 13th 1875

Undertaker, John S Bacher

Place of Business, No 150 Camden *Address*

Elias C. Price M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 2664

OFFICE OF REGISTRAR OF VITAL STATISTICS.

MAY 13 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11 May 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Franz Joseph Anger

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 45 *Years,* 3 *Months,* 10. *Days.*

Color, white *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} Balto. 257 Ballastn. Nort

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, 14 Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Ch. C Hoffman M. D.

Date of Burial, May 13th 1875 Medical Attendant.

Undertaker, Henry Mock

Place of Business, 30 & Cumberland. *Address* 59 Aisquith st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

MAY 1875 BALTIMORE

Permit No. 2665

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 9th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Unknown man

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Supposed 22 *Years,* ~~1875~~ *Months,* ~~May~~ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} unknown

Occupation, Unknown

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, —"

Place of Death, {Give street and number.} Jones Falls just below Lombard St

Cause of Death, First (Primary,) } accidental Drowning
Second (Immediate.) }

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field — Edmund R Walker M. D.

Date of Burial, May 10th 1875 — ~~Medical Attendant~~ Coroner M. C. Dist

Undertaker, W. Donovan *Address* 180 Linden Ave

Place of Business, Bank Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2666

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If proper name not named, give names of parents.} Henry Hazelton

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, (Black)

Sex, male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Dond Know

Occupation, Convict

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dond Know

Duration of Residence in the City of Baltimore, Five Years

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, {First (Primary,) / Second (Immediate.)} Tuberculous Laryngitis

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, may 11th 1875

{*Undertaker,* W. Donovan / *Place of Business,* Bank St} *Address* 174 Eager St

Wm. Brooke Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Health Department, City of Baltimore.

Permit No. 2667.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

MAY 13 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Teresa Augusta Brown.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 6 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Boyd St 2 doors E of Ashley St

Cause of Death, {First (Primary,) Marasmus.
{Second (Immediate.)

Duration of Last Sickness, 1 day 5 hrs.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, May 13th 1875

John. L. Kruze M. D.
Medical Attendant.

{*Undertaker,* J. B. Cook
{*Place of Business,* 707 N Balto St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2668,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10 May —

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael P. Jennings

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 89 *Years,* *Months,* *Days.*

Color, White *Sex,* Male —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland —

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} St Agnes' Hospital

Cause of Death, {First (Primary,) / Second (Immediate.)} General debility & old age

Duration of Last Sickness, about 4 years in Hospital

All the above information should be furnished by the Physician.

Place of Burial, St alphonsus Cemetery Edwd F. Mitchell M. D.

Date of Burial, 11 May 12. 1900 Medical Attendant.

{*Undertaker,* Jno H Reaver

{*Place of Business,* W Saratoga St Address 279. W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

MAY 1875

Permit No. 2669

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 9. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Morgan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 21 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland Lipitown

Duration of Residence in the City of Baltimore, Baltimore City Jail.

Place of Death, {Give street and number.}

Cause of Death, {First (Primary,) Typhoid Fever

Second (Immediate,) 2 weeks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemty J. W. Hancock M. D.

Date of Burial, May 12th Medical Attendant.

Undertaker, Wm Hickman *Address* 95 E. Baltimore St.

Place of Business, N. Gay. Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

MAY 13 1875 BALTIMORE

Permit No. 2670

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs E. Busick

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Female

Age, ~~Years~~ 76 *Years,* 10 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Since Childhood

Place of Death, {Give street and number.} 238 Madison Street East

Cause of Death, {First (Primary,) Old age
Second (Immediate,)

Duration of Last Sickness, Since six months

All the above information should be furnished by the Physician.

Place of Burial, Bal Cemetery

Date of Burial, May 13th

Undertaker, M. Rhodemyre

Place of Business, 36 Union Street

G. W. Simpson M. D.
Medical Attendant.

Address 177 E. Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

MAY 13 1875 BALTIMORE.

Permit No. 2671

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Theodore Blackburn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~ *Years,* 4 *Months,* ~ *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 86 Orchard St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} as above

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Wensday May 12

Jno Van Bibber M. D.
Medical Attendant.

Undertaker, Wm. Gray

Place of Business, 65 Hulberry St *Address* 49 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 2672

OFFICE OF REGISTRAR OF VITAL STATISTICS.

MAY 12 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna M. Kennedy Magenis

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single,~~ *Widow or Widower,* {Cross out the words not required in this line.}

Occupation, To rain her children as Christians

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lancaster Co, Pa.

Duration of Residence in the City of Baltimore, four & a half years

Place of Death, {Give street and number.} 308 N. Fayette Street

Cause of Death, First (Primary,) Childbirth

Second (Immediate,) Puerperal Metro-Peritonitis

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 13th

Undertaker, R. Pennock Son

Place of Business, 92 N Howard St *Address*

H. H. Hollidays M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the ease comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

THE MAY 12 1875 BALTIMORE.

Permit No. 2673

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 12th. May 1875. 7 o clock at morning

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katharine Miller

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 22 *Years,* 8 *Months,* *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Münster, Hessen, Germany

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} Eastern Avenue 395.

Cause of Death, {First (Primary,) / Second (Immediate,)} Peritonitis puerperalis

Duration of Last Sickness, 30 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsis Cemetay

Date of Burial, 13th May 1875

Undertaker, Georg Trochlich

Place of Business, 339 Canton Av

William Heard M. D.
Medical Attendant.

Address S. Wolfe St. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2674

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margt Bucket

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Cohan St No 288

Cause of Death, { First (Primary,) Epilepsia

Second (Immediate,) 4 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount O. L. Mahon M. D.

Medical Attendant.

Date of Burial, May 13th 1875.

Undertaker, Wm. Hickman *Address*

Place of Business, 234 N. Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 13 BALTIMORE

Permit No. 2675

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Jane Bawn

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 26 *Years,* 5 *Months,* 15 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 97 Pearce St.

Cause of Death, {First (Primary,) Organic Disease Kidneys
Second (Immediate,) Dropsy

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 13 inst at 3 o'clock

{*Undertaker,* J. B. Blackistone Address 89 N. Greene St.
{*Place of Business,* 606 west Batt st

J. H. Keller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 2676,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Drucilla Hudson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* ——— *Months,* ——— *Days.*

Color, Colored *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} No 12 P.O. Avenue

Cause of Death, First (Primary,) Paralysis

Second (Immediate.) Exhaustion from bed sores

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 14th. 1875

Undertaker, William A. Dinges

Place of Business, No 104. East St

E. Lewis Jones M. D.
Medical Attendant.

Address 67 E. Balt. St. City
formerly 14 Augusta St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2677.

HEALTH DEPARTMENT MAY 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Reece.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 Years, 5 Months, Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Born & Remained here until death

Place of Death, {Give street and number.} 103 Hanover St

Cause of Death, First (Primary,) Athrepsia.

Second (Immediate,) Asphyxia

Duration of Last Sickness, 1 Day Indefinite

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, May 14: 1875

Undertaker, Jno. C. Leonard *Address* Female St. Park Av.

Place of Business, No. 31 Park Av.

L. A. Bruce *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2678.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1875 one (1) P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amanda Fetiplace Fowler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* 11 *Months,* *Days.*

Color, W. I. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 37 Years 7 11 months

Place of Death, {Give street and number.} St Clair Hotel N. Calvert St. No 81.

Cause of Death, First (Primary,) Pulmonal Congestion

Second (Immediate,) Fracture of Left Femur acci.

Duration of Last Sickness, Thirteen (13) days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, May 14th 1875

Undertaker, Thos L. Hughes

Place of Business, 60 E Balto

N. L. Keyser M. D.
Medical Attendant.

Address No 74 N. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPARTMENT MAY 13 BALTIMORE

Permit No. 2679.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12th, 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucy A. Gardner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 5 *Months,* 3 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 231 William St.

Cause of Death, {First (Primary,) Bronchitis

{Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, May 13th 1875

{*Undertaker,* Armstrong & Lemmy

{*Place of Business,* 263 Light St

Jodiah Harrington M. D.
Medical Attendant.

Address 364 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 2680,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Bell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 81 *Years,* 10 *Months,* 15 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto County

Duration of Residence in the City of Baltimore, about 25 years

Place of Death, {Give street and number.} 41 Schroeder St.

Cause of Death, {First (Primary,) Senility

{Second (Immediate,)

Duration of Last Sickness, several past years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, May 14

Undertaker, S B Cook

Place of Business, 707 10th Baltimore *Address*

D. P. Hoffman *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 102)

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2681

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 13th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Ohlendorf

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kingdom of Hanover

Duration of Residence in the City of Baltimore, Dont Know

Place of Death, {Give street and number.} 195 East st

Cause of Death, First (Primary,) old age

Second (Immediate,) Infirmity

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Ht Hebron's

Date of Burial, 15th

Undertaker, H Borgmann

Place of Business, 45 E Cy st

Jm. Burke Boyle M. D.
Medical Attendant.

Address 174 E Eager st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2682

HEALTH DEPARTMENT MAY 13 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Sarah E. Dorsey

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, Years, Months, Days.

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md,

Duration of Residence in the City of Baltimore,

Place of Death, {Street and number.} No 240 Gough Street

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Six Months.

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cem.

Date of Burial, May 14th 1875

Undertaker, A. Hall

Place of Business, 233 E. Balto

Wm H. Glendinning M. D.
Medical Attendant.

Address No. 932 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2683.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Donlon.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 5 Years.

Place of Death, {Give street and number.} Cor Ostend.

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 14 1875

Undertaker, James E Byrne

Place of Business, No 63 E. Pratt St

J. W. White M. D.
Medical Attendant.

Address Southern Dispensary.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1875 BALTIMORE

Permit No. 2684

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Kelly

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Roscommon Ireland

Duration of Residence in the City of Baltimore, Entire Years

Place of Death, {Give street and number.} 298 N. Broadway

Cause of Death, First (Primary,) Pulmonary Phthisis

Second (Immediate,) Exhaustion

Duration of Last Sickness, About 1 year = Confined to bed 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cemetery

Date of Burial, May 15 1875

Undertaker, James P Byrne

Place of Business, No 63 N Front St *Address*

G. L. Wilkins *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2685

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 6 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 13. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Dushane

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 94 *Years,* ~~10~~ 1 *Months,* ~~2~~ = ½ *Days.*

Color, White *Sex,* ~~Male~~ Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ Widow ~~Widower~~

Occupation, ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore, over 50 years

Place of Death, {Give street and number.} 55 Sharp st

Cause of Death, {First (Primary,) Old age

Second (Immediate,) gradual wearing away declining in health for several years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, May 15th 1875

Undertaker, Wm. Loane

Place of Business, 568 W. Balto st *Address* 55 Sharp st

Wm G Knowles M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 15 BALTIMORE

Permit No. 2686.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 13th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John E. Taylor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Fifty-four *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Com. Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Northampton Co. Va

Duration of Residence in the City of Baltimore, Five years

Place of Death, {Give street and number.} No. 22 N. Fremont Street

Cause of Death, {First (Primary,) Apoplexy
Second (Immediate,) Five hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 15th 1875

Undertaker, Jos. Loane

Place of Business, 568 W Balto St

Chas. N. Neff M. D.
Medical Attendant.

Address No. 306 N. Gayetteshall

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT. MAY 1875 BALTIMORE MD.

Permit No. 2687

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel Welsh

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, Black *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, House Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Arundel Co. Maryland

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and number.} 69 Oxford St

Cause of Death, {First (Primary,) / Second (Immediate,)} Inflammation of Brain - probably about 2 weeks - only daughter after illness supposed

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Church

Date of Burial, June 14th 1875

Wm Carey Hinman M. D.
Medical Attendant.

{*Undertaker,* John E Gordon / *Place of Business,* 63 Park Av} *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2688

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis L Bowie

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 15 *Years,* *Months,* 23 *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Fredrick City Md

Duration of Residence in the City of Baltimore, Nine Years

Place of Death, {Give street and number.} No 336½ N Howard St

Cause of Death, { First (Primary,) Valvular disease of Heart
Second (Immediate,)

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, May 14 1875

Undertaker, John C Gordon

Place of Business, 63 Park Ave

A S Bowie M. D.
Medical Attendant.

Address No 4 N Collock St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2689

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Blake,

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 55 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore. 30 Years.

Place of Death, {Give street and number.} 1844 Lewis st Balto. Md

Cause of Death, {First (Primary,) Chronic Inflamation of Liver,

Second (Immediate,) 5 or 6 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 14th 1875

{*Undertaker,* John C Gordon

Place of Business, 63 Park st

J Ridgway André M. D.
Medical Attendant.

Address No 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2690

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Lizzy Perkins

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 0 *Years,* 7 *Months,* 6 *Days.*

Color, (*Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 260 N. Eutaw st.

Cause of Death, {First (Primary,) Malignant Scarlet fever.
Second (Immediate,)}

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cemetery H. Hellmann M. D.

Date of Burial, May 14th 1875 Medical Attendant.

Undertaker, Joseph F. Byrne *Address* 120 Veasit st.

Place of Business, 59 n Liberty st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 15 BALTIMORE

Permit No. 2691.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gloria Louisa Cornish

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 9 *Months,* 21 *Days.*

Color, Colored *Sex,* Same as before named.

~~*Married, Single, Widow, Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 64 Josephine St Ct

Cause of Death, {First (Primary,) Cold / Second (Immediate.) Bronchitis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters, Catholick

Date of Burial, May 14th

Undertaker, Adam Weidemeyer *Address*

Place of Business, 518½ W. Baltimore St

Jno L Pennington M. D.
Medical Attendant.
210 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

State of Maryland, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2692.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Edward Wright

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Three *Years,* Seven *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and number.} 305 Hanover st

Cause of Death, {First (Primary,) / Second (Immediate,)} Typhoid Fever

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 15th/75

{*Undertaker,* F. N. Troll
Place of Business, 90 S. Howard

E Gover Cox M. D.
Medical Attendant.

Address N. W. cor Baltimore & Pine

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Health Department of Baltimore, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2693,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 13

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carolena Conradena Margaret

~~Sex~~, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 62. *Years,* 1. *Months,* 10. *Days.*

Color, White *Sex,*

Married, ~~Single~~, ~~Married~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Solingeter, in Germany.

Duration of Residence in the City of Baltimore, 24 Years.

Place of Death, {Give street and number.} Spring St No. 142 (Rear)

Cause of Death, { First (Primary,) / Second (Immediate,) Typhoid Fever,

Duration of Last Sickness, 19 Days.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, May 14th

{ *Undertaker,* Wm Hartman / *Place of Business,* 26 Bank St

John H. Johnston M. D.
Medical Attendant.
N E cor Lombard & Eden Sts
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2694

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine A. Holden

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 12 *Years,* 8 *Months,* 9 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wilmington North Carolina

Duration of Residence in the City of Baltimore. 10 Years

Place of Death, {Give street and number.} 84 Marlem Avenue B. C.

Cause of Death, First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Country

Date of Burial, 15th May 1875

Undertaker, Hy M Dutkin & Son

Place of Business, 16 Light St

Pembroke W. Wamble M. D.
Medical Attendant.

Address No 203 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2695

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 14

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leah L. Anderson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 63 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Female

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, {Give street and number.} 41. Lusk.

Cause of Death, First (Primary,) ~~Phthisis~~ Phthisis

Second (Immediate,)

Duration of Last Sickness, 5 — Years

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, 16th May 1875

Herbert Carter M. D.
Medical Attendant.

Undertaker, H. J. M. Jenkinson

Place of Business, 16 Light St *Address* 146. Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the ense comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
MAY 13 1875
BALTIMORE

Permit No. 2696

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 13th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Valentine Forman

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Blacksmith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} U. S,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Corner Wolfe & Monument sts

Cause of Death, {First (Primary,) Pneumonia
{Second (Immediate,)

Duration of Last Sickness, 2nd Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 15th 1875

{*Undertaker,* Wm Weaver
{*Place of Business,* No 496 Druid Hill Ave *Address*

Chas C Deuman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

MAY 1875 BALTIMORE.

Permit No. 2697.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 13th, 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry A. Kinney

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Years, 3 Months, 14 Days.

Color, White *Sex,* male

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number. } 291 E. Madison St

Cause of Death, { First (Primary,) (the whole body.

Second (Immediate.) Idiopathic Erysipelas extending over

Duration of Last Sickness, 13 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 15th 1875

{ *Undertaker,* Murphy

Place of Business, 54 N Broadway *Address* 94 S. Broadway

Augustus K. Erich M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 15 1875 BALTIMORE

Permit No. 2698

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 14th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josiah J. Rose.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 29 *Years,* 6 *Months,* 4. *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single.

Occupation, Cigar-Maker.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, During life.

Place of Death, {Give street and number.} 267 Light St.

Cause of Death, { First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Three months.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 15th 1875

Undertaker, Armstrong & Denny

Place of Business, 263 Light St

J. E. Harrington M. D.
Medical Attendant.

Address 364 Light-st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 15 1875 BALTIMORE

Permit No. 2699

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 14th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edmund Mogenhan.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 675 N Baltimore St

Cause of Death, First (Primary,) Scarlatina Maligna,

Second (Immediate,)

Duration of Last Sickness, 110 Hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 15

Undertaker, J B Cook

Place of Business, 707 W Balto St *Address*

John D A Kruger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPARTMENT
MAY 15
1875

Permit No. 2700

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 14. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John H. Lindeman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Eleven Months, Four Days

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} 124 N. Spring st.

Cause of Death, First (Primary,) Scarlatina.
Second (Immediate,)

Duration of Last Sickness, Seven days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery *Nicholas L. Dashiell* M. D.
Medical Attendant.

Date of Burial, May 17th.

Undertaker, W. Dysart

Place of Business, N. Bond st. 151 *Address* 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

MAY 15 1875 BALTIMORE

Permit No. 2701.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 13th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Harris

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, Years, 14 Months, 9 Days.

Color, White *Sex,* male

~~*Married,*~~ *Single,* ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 247 N. Bond St

Cause of Death, First (Primary,) Chronic Bronchitis

Second (Immediate,) Three months.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery A. F. Erich M. D.

Medical Attendant.

Date of Burial, May 16 75

Undertaker, Wm H. Hickman

Place of Business, No 234 Gay Address 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 16 1875 BALTIMORE.

Permit No. 2702.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 13 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} May Cooney Connelly

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* —— *Months,* — *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give street and number.} 159. E Hughes St

Cause of Death, {First (Primary,) Apoplexy

Second (Immediate,) 12 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, H Rom cemetery Sheridan Cook M. D.

Medical Attendant.

Date of Burial, May 16 1875

Undertaker, C F Krause

Place of Business, 209 Hanover st *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Permit No. 2703,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 15 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} A. C. Habel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Physician

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} at Termines of Madison Avenue Street Car Line & N. Broadway

Cause of Death, First (Primary,) From causes unknown

Second (Immediate.) a few

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemty

Date of Burial, May 15th 1875

Wm. Kelly M. D.

~~Medical Attendant.~~ Coroner

Undertaker, Joseph F Byrne

Place of Business, 59 n Liberty st *Address* 76 S. Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

From information at inquest

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1875 BALTIMORE.

Permit No. 2704

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, [redacted] May - 1875 -

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Sommer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, - 43 - *Years,* - 11 - *Months,* - - - - *Days.*

Color, - - White - - - *Sex,* - - - Male - - - - -

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} - - - - Married - - - - - -

Occupation, - - - - - - - - - - Laborer - - - - - -

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22. years

Place of Death, {Give street and number.} No 266 Ann St (South)

Cause of Death, {First (Primary,) Typhoid Fever

{Second (Immediate,)

Duration of Last Sickness, Nine weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount. Carmel Cemetery

Date of Burial, May 16th 1875

Undertaker, H. M. Gibmeyer

Place of Business, No 941. Canton ave

Thomas D. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPARTMENT MAY 15 1901 BALTIMORE MD

Permit No. 2705

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 14

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Appleton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, 9 yrs

Place of Death, {Give street and number.} 15 Gladstone St.

Cause of Death, {First (Primary,) Bronchitis / Second (Immediate,) Pneumonia

Duration of Last Sickness, Six ms.

All the above information should be furnished by the Physician.

Place of Burial, Mt Peace Cemetery

Date of Burial, May 15 1901

Undertaker, H. Schilling

Place of Business, 72 Penn Ave.

H. Marsh M. D.
Medical Attendant.

Address Balt Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1875 BALTIMORE

Permit No. 2706,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael & Mary Linn

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 10 ~~Days~~

Color, White *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 36 Morton alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Exhaustion

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery James H Glenn M. D.

Date of Burial, May 15th 1875

Undertaker, William Weaver *Address* Commrs of Health

Place of Business, Druid Hill Ave & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by - Relative

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 15 1875

Permit No. 2707

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lowlace Washington Anderson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years.~~ 1 4 *Months,* ~~Days.~~

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, 14 Mos.

Place of Death, {Give street and number.} 362 W. Lombard St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlet Fever

Duration of Last Sickness, 48 Hours

All the above Information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, May 15th

Undertaker, J. B. Blackistone Son

Place of Business, 606 W. Balt. St *Address* 372 W. Lombard St.

A. L. Speir M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1875 BALTIMORE

Permit No. 2708

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Cole

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* One *Months,* ——— *Days.*

Color, Black *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 13 Lemmon Alley

Cause of Death, {First (Primary,) Catarrh in Head

Second (Immediate,) "

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 15th 1875

Undertaker, John C. Jordon

Place of Business, 63 Park St

M. D.

~~*Medical Attendant.*~~

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Ann Duffin Midwife

Board of Health, City of Baltimore,

Permit No. 2709

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Broughand.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 8 *Months,* 22 *Days.*

Color, W *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, 5 Y 8 mo 22 D

Place of Death, {Give street and number.} 10100 Eastern Av Balto city

Cause of Death, {First (Primary,) Acute Congestive Fever.
Second (Immediate,)

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 16th

{*Undertaker,* Peter Boyle
{*Place of Business,* 91 Eastern Av

James Ridgway Andre M. D.
Medical Attendant.

Address No 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2710

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry N. Taylor

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 3 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Sex,

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City Since birth

Duration of Residence in the City of Baltimore, 373 Light St,

Place of Death, {Give street and number.}

Cause of Death, {First (Primary,) Tubercular Meningitis

Second (Immediate,) 1 Month

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, May 16th 1875

Undertaker, Chas F. Herold

Place of Business, 161 Hanover St

R. C. Lee M. D.
Medical Attendant.

Address Hanover & Barre St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2711

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Sarah Jane Holliday

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Clark Co. W. Va

Duration of Residence in the City of Baltimore, twelve years

Place of Death, {Give street and number.} 48 Orchard St

Cause of Death, {First (Primary,) Peritonitis / Second (Immediate.)}

Duration of Last Sickness, Abt one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Dr E. Atkinson *M. D.*

Medical Attendant.

Date of Burial, May 15, 1876

Undertaker, Samuel McClure *Address* 209 W. Biddle St

Place of Business, No. 198. Shamrock st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPARTMENT MAY 19 BALTIMORE

Permit No. 2712

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 17th of May 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} George Zigenfelder

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lederbach (Rhein-Meinigen, Germany)

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 164 Eastern Ave.

Cause of Death, First (Primary,) Phthisis tuberculosa

Second (Immediate,) Marasmus

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, 18th of May (Saturday)

J. Fletcher M. D.
Medical Attendant.

Undertaker, Henry Tabler *Address* 191 E. Monument

Place of Business. 252 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Health Department of Baltimore,

Permit No. 2713

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May fifteenth 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence E. Pagels

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 8 *Years,* Seven *Months,* Seven *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 186 S. Paca St

Cause of Death, {First (Primary,) / Second (Immediate,)} Meningitis

Duration of Last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, Laudon Park

Date of Burial, 17th May

Undertaker, Wm J. Fickus

Place of Business, 65 S. Eutaw st

H. Chatard M. D.
Medical Attendant.

Address N 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1875 BALTIMORE

Permit No. 2714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles & Rachel Scott

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* *Months,* Seventeen *Days.*

Color, Colored *Sex,* Male

Married, ~~Single~~, ~~Widow or Widower~~. {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 61.

Cause of Death, {First (Primary,) / Second (Immediate,) Cerebral

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, May 13 74

M. D.
Medical Attendant.

Undertaker, J. B. Blackistone & Son.

Place of Business, 611 W. Balt St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

South of State, City of Baltimore,

Permit No. 1715

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Virginia Myers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Seven *Years,* Nine *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Clarksville Howard Co -

Duration of Residence in the City of Baltimore, Six years -

Place of Death, {Give street and number.} Harmony Lane No 118

Cause of Death, First (Primary,) Cerebro-Spinal-Meningitis

Second (Immediate,)

Duration of Last Sickness, 22 hours -

All the above information should be furnished by the Physician.

Place of Burial, Knapp St - Green 5

Date of Burial, 16 - 10 o'clk

Undertaker, Wm Gray -

Place of Business, Saratoga St -

A. D. Chuck M. D.
Medical Attendant.

Address 144 N. Carey St -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

State of Maryland, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2716

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Rebecca McKeon

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland (Harford Co.)

Duration of Residence in the City of Baltimore, Dont Know

Place of Death, {Give street and number.} Inst. Little Sisters of the Poor

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemy

Date of Burial, 17th May

{*Undertaker,* Henry Schultheis

Place of Business,

John Brooke Boyle M. D.
Medical Attendant.

Address 174 E. Eager st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2717

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julius Turan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Barber

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} No 19 Ivy alley

Cause of Death, First (Primary,) Second (Immediate,) Poison by taking Arsenic

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Potters Cemetery

Date of Burial, May 14th 75 [illegible]

Undertaker, Edward Kunkel

Place of Business, No 60 Market

Geo G Cole Coroner M. D.
Medical Attendant.

Address 229 Cary st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2713

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 8 Oclock A.M. May 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Kroger

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widowed, or Divorced~~, {Cross out the words not required in this line.}

Occupation, Tinner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 289 Hanover street

Cause of Death, {First (Primary,) suicide by swallowing Muriatic Acid. Second (Immediate.) While under the influence of Liquor.

Duration of Last Sickness, about 20 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Burial Ground

Date of Burial, May 16th

Undertaker, Henry Brice

Place of Business, Howard St 81

A. W. Dunard M. D.

Coroner ~~Medical Attendant.~~

Address 98 Lee st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

2719

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 2719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Denold

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 31 *Years,* 11 *Months,* 13 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Drove a furniture wagon

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number.} 257 N Dallas St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Chronic Alcoholism

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews Cy.

Date of Burial, May 18th 1875

Undertaker, Henry Holtz

Place of Business, 309 Central Ave

E. Geo. Walls M. D.
Medical Attendant.

Address 181 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2720

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 17 1875 BALTIMORE

Date of Death, May 15

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia McDermott

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 5 Valley St, Balto

Cause of Death, {First (Primary,) Hopelessly ill
Second (Immediate,) Congestion Chill

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial St Peters Cemetery

Date of Burial, May 17th 1875

{*Undertaker,* James P Byrne
Place of Business, No 63 N Front St

Chas. C. Thurman M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2721

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15th of May 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Herman Habernagel

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 26 *Years,* 7 *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, Barkeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Rottenburg, Hess

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} S. E. Corner of Eutaw Street & Lexington

Cause of Death, {First (Primary,) Typhus abdominalis

{Second (Immediate,) Pneumonia, Oedema Pulmonum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 17.

{*Undertaker,* Peter Forg

{*Place of Business,* 91. Eutaw

J. Rathbun M. D.
Medical Attendant.

Address 245 Baltimore.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2722

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17, 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert, O. Moran

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 15 *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 51 E Biddle

Cause of Death, {First (Primary,) Inflammation bowels.
{Second (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 17th 1875

Undertaker, Hughes & Lee

Place of Business, 65 S Broadway

C. B. Mahon *M. D.*
Medical Attendant.

Address 1 N Exeter.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2723

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 1 1895 BALTIMORE.

Date of Death, May 15 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David & Ella Hood

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 hours *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} W. Chesapeake

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} W. Chesapeake

Cause of Death, {First (Primary,) Premature Birth

Second (Immediate,)

Duration of Last Sickness, Six Hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, May 17. 1895.

Undertaker, Mathias A. Daigle

Place of Business, 94 S. Broadway

Jane C. Donnelly M. D.
Medical Attendant.

Address 770 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2724

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Andrew Rupert

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Labor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 2 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} On North St between Bath & Monument

Cause of Death, {First (Primary,) Crushed by R. R. Car (Casualty
Second (Immediate,) Death immediate

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto County Ed L Reynolds M. D.
Medical Attendant.

Date of Burial, May 17th 1875

Undertaker, D Hartsell

Place of Business, 319 Penn Ave *Address* Washington Ave ~~Hill~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2725

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May. 15th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Belle Wolff

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* 24 *Days.*

Color, *Sex,*

~~Married~~, *Single,* ~~Widowed or Divorced~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} #208 E. Chase st.

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlatina Maligna

Duration of Last Sickness, 30 hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, May 17th

Undertaker, Geo. Schilling

Place of Business, 1112 E. Fayette

W. B. Billingslea M. D.
Medical Attendant.

Address Monument st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2726

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joshua C. Maccubbin.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 73 Years

Place of Death, {Give street and number.} 23 Aisquith St

Cause of Death, {First (Primary,) Tumor of the Lesser Lobe of the Liver.
Second (Immediate,) Imperfect Digestion (Exhaustion)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 17th

Undertaker, Wm. H. Nickman

Place of Business, 234 N. Gay

Geo. H. Grayson M. D.
Medical Attendant.

Address No. 18 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2727.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amanda J Mason

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Seventy *Years,* Nine *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation, No occupation

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford County

Duration of Residence in the City of Baltimore, Four years

Place of Death, {Give street and number.} 256 Franklin Street

Cause of Death, {First (Primary,) Inflammation of Bowels

Second (Immediate,) ~~Fourteen days~~

Duration of Last Sickness, Fifteen days

All the above information should be furnished by the Physician.

Place of Burial, Bolto Cemetery

Date of Burial, May 18th 1875

Undertaker, J K Rowe

Place of Business, 568 N Bolto st *Address*

J. Montgomery *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2728

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 14

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Larry Brown City Island

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} Balt Infirmary

Cause of Death, {First (Primary,) / Second (Immediate,)} Strangulated Hernia

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Western B. Field T. A. Ashby M. D.

Date of Burial, May 15th Medical Attendant.

Undertaker, H H & Penn

Place of Business, 1148 N Balt st. Address Balt Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2729

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 16th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis H. Boyd

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Measurer Surveyor & Adjuster

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 55 years

Place of Death, {Give street and number.} 176 Lafayette ave Balto

Cause of Death, {First (Primary,) Cirrhosis of the Liver & Dropsy
Second (Immediate,) Peritonitis

Duration of Last Sickness, Six Months under Medical treatment

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, May 18th 75

Undertaker, W. H. Hearn

Place of Business, N. Gay St.

A. A. White M. D.
Medical Attendant.

Address 495 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2730

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE. MAY 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John L. Reese

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 6 hours ~~Days.~~

Color, White *Sex,* Male

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 24 N Greene St

Duration of Residence in the City of Baltimore, 6 hours

Place of Death, {Give street and number.} 24 N Greene St

Cause of Death, {First (Primary,) Premature Birth
Second (Immediate,) 6 hours

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 17th

Undertaker, J. B. Blackiston & Son

Place of Business, 606 W. Balt. St.

J. A. Gillis M. D.
Medical Attendant.

Address 24 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2731

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Baltimore May 16 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theodore Hardy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* Nine *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Child

Occupation, Nothing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Maryland

Duration of Residence in the City of Baltimore, Born here

Place of Death, {Give street and number.} Hill St No 131

Cause of Death, {First (Primary,) Spinal Insulation
Second (Immediate.) Congestion of the Lungs

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Ganerel Cemetery

Date of Burial, May 17. 1876

{*Undertaker,* Samuel K Chase
{*Place of Business,* 101 & 123 Howard St *Address*

L. A. Boyer *M. D.*
Medical Attendant.
Hill St No 131
Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2732

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sunday May 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine H Ryan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} U Pleasant Alley

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} U Pleasant Alley

Cause of Death, {First (Primary,) Scarlet Fever

{Second (Immediate,)

Duration of Last Sickness, One day & night

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 17 1875

{*Undertaker,* James H Payne

{*Place of Business,* No 63 N Front St

James G. Donaldson M. D.
Medical Attendant.

Address 1776 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2733,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 16 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mr Mary Blute

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 85 *Years,* *Months,* *Days.*

Color, Wh *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow.

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Co Clare Ireland

Duration of Residence in the City of Baltimore, Twenty five years

Place of Death, {Give street and number.} No 129 W Madison St Balto

Cause of Death, {First (Primary,) old age

{Second (Immediate,) Consumption

Duration of Last Sickness, about 2½ months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery J H Patterson

Date of Burial, May 18 1875

M. D.

Medical Attendant.

Undertaker, James P Byrne

Place of Business, No 63 N Front St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2734

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16 May 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph - a Foundling

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years~~, about ~~Months~~, 2 weeks ~~Days~~.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

~~*Occupation*~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Supposed Balt city

Duration of Residence in the ~~City of Baltimore.~~ Institution 6 days

Place of Death, {Give street and number.} St. Vincents Infant Asylum

Cause of Death, {First ~~(Primary,)~~ Convulsions

{Second (Immediate,) 2 hours.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, May 18 1875

{*Undertaker,* H. Schultheis

{*Place of Business.* E. Monument St *Address* 201 W. Biddle St

Marbury Brown M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2735

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 7 Oclock P.M. May 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Taylor

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, about 22 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Boat hand

Birthplace, {State or country (and how long in the United States, if of foreign birth.} unknown

Duration of Residence in the City of Baltimore, unknown

Place of Death, {Give street and number.} Beachams Ship Yard

Cause of Death, {First (Primary,) accidentally fell overboard, Second (Immediate.) and was drowned

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~May 16~~ W. P. Field

Date of Burial, May 16th

Undertaker, H. H. G. Berry

Place of Business, 1119 N. Bond St

A. W. Wm. Wm. M. D.
Coroner ~~Medical Attendant~~

Address 98 Lee st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2736,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 17th of May 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry ~~Sadie~~ Boehrd

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* 14 *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

~~*Duration of Residence in the City of Baltimore,*~~

Place of Death, {Give street and number.} 126 S. Dallas Street

Cause of Death, {First (Primary,) Pertitis

{Second (Immediate,) Hydrocephalus, Eclampsia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, May 18th

{*Undertaker,* H. Diffel

{*Place of Business,* 151 S. Bond St *Address* 241 S. Baltimore

J. Mathieu M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2737

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 18 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 17: 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adeline Bray

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* — *Months,* — *Days.*

Color, Brown (Colored) *Sex,*

~~Married~~ *Single,* ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Housemaid

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} No. 75 Park Avenue

Cause of Death, { First (Primary,) Granular Kidney
{ Second (Immediate,) Post-partum Convulsions

Duration of Last Sickness, About 12 hours.

All the above information should be furnished by the Physician.

Place of Burial, Dallas U. B. G.

Date of Burial, May 18 1875

{ *Undertaker,* Josiah W. Locke
{ *Place of Business,* 65 N. Wolf St

Christopher Johnston M.D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2738

HEALTH DEPARTMENT
1875
BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Estelle Grimes

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* *Days.*

Color, col *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pine St near Strieber St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Small unnamed street near North & Ramsay sts

Cause of Death, First (Primary,) Marasmus.
Second (Immediate,)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 18th 1875

Geo. H. Dart M. D.
Medical Attendant.

Undertaker, McCaull Bro

Place of Business, 131 Saratoga Address 91 Frederick Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 19 1875 BALTIMORE

Permit No. 2739

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 17th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lillie L. Hiles

Sex, Male ~~or~~ Female, { Cross out the word not required in this line. } Female

Age, *Years,* 2 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 47 Low St

Cause of Death, { First (Primary,) Cerebral Congestion
Second (Immediate.) Convulsions

Duration of Last Sickness, about 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 18th 1875

Undertaker, William N. Dunn

Place of Business, No 104 East Lt.

Address [illegible]

[illegible] *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 18 BALTIMORE

Permit No. 2740

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 17th, 1875 at 8 A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary J. Wallace.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 1 Months, 14 Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, State of Maryland.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 408 Eastern Avenue

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Prostration

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, M. E. B Ground

Date of Burial, May 18. 1875

Undertaker, McArthur & Slagle

Place of Business, 714 S. Broadway

John H. Tebbetts M. D.
Medical Attendant.

Address 243 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Death or Grave, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2741

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Baltimore May 6th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Francis Bates

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* Eight *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Child

Occupation, Nothing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Born here

Place of Death, {Give street and number.} Spring alley No 4

Cause of Death, First (Primary,) Catarrh

Second (Immediate,) Congestion

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Samuel Cemetery

Date of Burial, May 10 1875

Undertaker, Samuel M. Chase

Place of Business, No 192 Howard st

J. J. Dyer M. D.

Medical Attendant.

Address Hill st No 14 Balt md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

~~South of Gunpowder, City of Baltimore,~~

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2742

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Anton Vogl

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, *Years,* *9 Months,* *1 Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 290. n. Central Av.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 181. Sterling st

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C

Date of Burial, May 17 1875

Undertaker, Henry Heath

Place of Business, 304 Con Av

Pierre G. Dausch M. D.
Medical Attendant.

Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2743

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 18 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 17th May

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Virgie Zeigler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 104 Granby St.

Cause of Death, {First (Primary,) Teething

{Second (Immediate,)

Duration of Last Sickness, Two Months.

All the above information should be furnished by the Physician.

Place of Burial, Dalto Cemetery

Date of Burial, May 18 1895

Medical Attendant. Chas. Williams M. D.

Undertaker, Thos. L. Hughes

Place of Business, 60 E. Pratt Address 134 N. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 17th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bessie R. Ault

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ Nine *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Nine Months

Place of Death, {Give street and number.} 120 Argyle Avenue

Cause of Death, First (Primary,) Bronchitis (Capillary)

Second (Immediate,)

Duration of Last Sickness, Forty days

All the above Information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, May 18th 1875

Undertaker, Joseph F. Byrne

Place of Business, 69 n Liberty

John S. Lynch *M. D.*
Medical Attendant.

Address 20. S. Broadway
Balto. Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT. MAY 1895 BALTIMORE.

Permit No. 2745

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 17th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas L. Shipley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, 6 years.

Place of Death, {Give street and number.} N. E. Cor Parkin & Lombard Sts.

Cause of Death, {First (Primary,) Scarlet Fever

Second (Immediate,) 2 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 18th 4 O'Clock

Undertaker, J. B. Blackistone & Son *Address* 317 N. Lombard St.

Place of Business, 606 Balto St

H. L. Shaw *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2716,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eva Volkmar

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 5 *Years,* 9 *Months,* 15 *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, husband is artist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kirchheim near Landshut, Bayern

Duration of Residence in the City of Baltimore, 2½ years

Place of Death, {Give street and number.} N Frederick Street Nr 8

Cause of Death, First (Primary,) Morbus Brightii

Second (Immediate,) Spasms Convulsions.

Duration of Last Sickness, sick since the last few years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 20th

Undertaker, Jos H Byrne

Place of Business, 59 n Liberty *Address* 224 W Fayette Street

L F Reinhart M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 19 1894 BALTIMORE

Permit No. 2747

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18th,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} unknown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ *Months,* a few hours *Days.*?

Color, white *Sex,* male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} Found in Belair lot

Cause of Death, First (Primary,) unknown probably natural shortly after birth

Second (Immediate,) ~~death~~ (Verdict of Coroner's Jury.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bethesda

Date of Burial, May 21st 1894

Undertaker, J. M. Oldham

Place of Business, 5 Bank St.

Edmund Walker M. D.

~~Medical Attendant~~ Coroner M. C. First

Address 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2748,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 1st.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Geo. D. L. Rogers

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~2~~ 27 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Ships Joiner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 26. Years

Place of Death, {Give street and number.} 91. Johnston

Cause of Death, First (Primary,) Chronic Alcoholism

Second (Immediate,) atrophy of Brain

Duration of Last Sickness, 2. Months.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem. Thertone Porter M. D.

Medical Attendant.

Date of Burial, May 19th 1875

Undertaker, Charles F. Herold

Place of Business, 161 Hanover St. *Address* 146. Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY BALTIMORE.

Permit No. 2749

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Baer

Sex, ~~Male,~~ *Female,* {Cross out the word not required in this line.}

Age, 69 *Years,* 9 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 48 Mc Culloh st

Cause of Death, {First (Primary,) Congestion of Brain
Second (Immediate,) 3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, May 19th 1876

Undertaker, Jacob Thaer,

Place of Business, No 48 & 60 Second Hill Address 201 Madison Ave

D. E. Williams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1875 BALTIMORE

Permit No. 2750

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 17.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Egin

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 71. *Years,* 0 *Months,* 17 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 37. years

Place of Death, {Give street and number.} 54 Gross St

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens *Thertora Otto* M. D.

Medical Attendant.

Date of Burial, May 19

Undertaker, C F Krause

Place of Business, 20 y Hanover *Address* 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2751

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Johnson

Sex, Male or Female, {Cross out the ward not required in this line.} Female

Age, 20 *Years,* *Months,* *Days.*

Color, Mulatto *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick

Duration of Residence in the City of Baltimore, 5 Months

Place of Death, {Give street and number.} No 62 Davis st

Cause of Death, {First (Primary,) Dyptheria
Second (Immediate,) Bilious Typhoid

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, May 19th 1875

Undertaker, John C. Jordan

Place of Business, 63 Park Ave.

B F Bohm M. D.
Medical Attendant.

Address Cor Dolphin & Druid Hill

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1915 BALTIMORE

Permit No. 2752

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 19th 1915

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm B Toney

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 89 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} Washington Univ Hospital

Cause of Death, {First (Primary,) Dilation of Heart

{Second (Immediate,) 10 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemt

Date of Burial, May 21st

Undertaker, John J Rodenmayer

Place of Business, 102 E Monument St *Address* Washington Univ Hosp

Geo L Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 18 BALTIMORE

Permit No. 2753

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Lucy Williams

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One Years, two Months, Eight Days.

Color, Black *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 65 Perry st

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Mt. St. Cemetery

Date of Burial, May 19th 1875

Undertaker, D. M. Jones & Bro. *Address* 172 Saratoga st

Place of Business, 65 Madison st

J. Gibbons M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT MAY 15 1875 BALTIMORE

Permit No. 2754

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hosea. Eli Robinson

~~Stf~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* 10 *Days.*

Color, Colored *Sex,* Male

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City Point

Duration of Residence in the City of Baltimore, 7 Months

Place of Death, {Give street and number.} 8 E Little Mc Elderry St

Cause of Death, First (Primary,) Capillary Bronchitis

Second (Immediate,) Non Oxidation of the Blood

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, May 19th 1875

Undertaker, Wm. H. George

Place of Business, No 104 East St

Geo. Walls M. D.

Medical Attendant.

Address 181 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2755

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 18, 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridia Schneider,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.} [redacted]

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 35 years.

Place of Death, {Give street and number.} 4 Lemon St.

Cause of Death, {First (Primary,) Pneumonia.
Second (Immediate,) Hemorrhage

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Ce

Date of Burial, May 19th 1875

{*Undertaker,* Henry Hoch
{*Place of Business,* 309 Central Ave

J. N. Hunck M. D.
Medical Attendant.

Address 95 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2756

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 12 1875 BALTIMORE

Date of Death, 18th of May 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Augste Nunnenthal

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 306 Canton Ave

Cause of Death, First (Primary,) Phthisis tuberculosa

Second (Immediate,) Marasmus

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Hebrew F. E. Cemetery

Date of Burial, 20th of May 75

Undertaker, William O'Leary

Place of Business Residence 101 Gough St. Address 2455 E. Baltimore

Mathieu M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Board of Health, City of Baltimore,

Permit No. 2757

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 19 1875 BALTIMORE

Date of Death, May 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Esther Eberlich

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* 7 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, about 15 years

Place of Death, {Give street and number.} 126 N Exeter St Baltimore

Cause of Death, {First (Primary,) Colds Contracted abt 2½ years ago
Second (Immediate,) Pulmonary Consumption

Duration of Last Sickness, Seriously sick two years

All the above information should be furnished by the Physician.

Place of Burial, Balt: Hebrew Cemetery

Date of Burial, May 19th 1875

Undertaker, William Eilean

Place of Business, Residence 101 Gough St. *Address* 53 N Paca St Balt

M Hammond *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2758

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Hirshman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single, Widow*~~ or *Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Alsace Germany

Duration of Residence in the City of Baltimore, Dont Know

Place of Death, {Give street and number.} Inst. Little Sisters of the Poor

Cause of Death, {First (Primary,) Infirmity

{Second (Immediate,) 9 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Ce

Date of Burial, May 20th 1875

Undertaker, H. Schultheis

Place of Business, E Monument St

Jno Brooke Boyle M. D.
Medical Attendant.

Address 174 Eager st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2759

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 18 1875 BALTIMORE

Date of Death, May 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Susan Bowen Bay

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* 2 *Months,* 29 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} 119. E. Balto St

Cause of Death, {First (Primary,) / Second (Immediate.)} Phthisis pulmonalis

Duration of Last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, May 20 May

Undertaker, R & L Burns

Place of Business, No 281 E Balto st

H. W. Williams M. D.
Medical Attendant.

Address 71. Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2760

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Wm Pallhorn

Pallhorn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} United States, Balto

Duration of Residence in the City of Baltimore, whole life

Place of Death, {Give street and number.} over the Store, cor Division & Wilson sts

Cause of Death, First (Primary,) Measles

Second (Immediate,) Capillary Bronchitis

Duration of Last Sickness, 4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery R Winslow M. D.

Medical Attendant.

Date of Burial, May 20th 1875

Undertaker, Andrew Daly *Address* 486 Penna Av

Place of Business, 118 Druid Hill Av or 23 McCulloh

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2761

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Winfield Lee

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 4 *Months,* 12 *Days.*

Color, Col'd. *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Four years

Place of Death, {Give street and number.} 93 E. Pratt

Cause of Death, {First (Primary,) Chronic Bronchitis
Second (Immediate,) Exhaustion
Typ Pneumonia (Cerebral)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Burial Ground

Date of Burial, May 19th 75

Undertaker, ~~George Forrest~~ George Locke.

Place of Business, Wolf Street

G. L. Wilson M. D.
Medical Attendant.

Address 69 E. Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

2762

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2762

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 18 1875 BALTIMORE

Date of Death, May 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John J. Parker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 199 Johnston St

Cause of Death, {First (Primary,) Scarlatina

{Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 20. 1875

Undertaker, Armstrong & Denny

Place of Business, 263 Light St. *Address* 17 Hanover St

H C Bolle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2763

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 18th Ollie & Annie Schenck

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Not yet named

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 1½ *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, the father is sleek

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S. Fremont Street 70 Fremont St

Cause of Death, First (Primary,) Weakness

Second (Immediate,) Weakness

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 20th May

Dr F Reinhard M. D.
Medical Attendant.

Undertaker, Jewald

Place of Business, 35 S. Eutaw Street *Address* 224 W. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

2764

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2764

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1925 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 18th 1925

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura F. Powell

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* *Days.*

Color, *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} — — —

Occupation, — — — —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, — — —

Place of Death, {Give street and number.} No 101 Fort Avenue

Cause of Death, First (Primary,) Malignant Scarlatina

Second (Immediate.) 3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, May 19th 1925

Undertaker, Chas J Scriven

Place of Business, 241 N Eutaw St *Address* 17 Harrison Ave

H. B. Tolle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2765.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 19 1875 BALTIMORE

Date of Death, 14th May 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augusta Walter

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 21 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, During Life time

Place of Death, {Give street and number.} East Lombard Street No 118

Cause of Death, {First (Primary,) Hydrothorax

Second (Immediate,) 2 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, May 20.

Undertaker, Peter Frey

Place of Business, 91 Eutaw St

William Hensel M. D.

Medical Attendant.

Address S. Wolfe St. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2766,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 17th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Price

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* 5 *Months,* 4 *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, School Girl

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 10 Yrs. 5 Mo. 4 Days

Place of Death, {Give street and number.} 11 Mary St. Near Pennsylvania

Cause of Death, First (Primary,) ~~~

Second (Immediate.) ~~~

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem. C. F. Shore M. D.

Medical Attendant.

Date of Burial, 20th April 1875

Undertaker, Eugen. Henschel. *Address* Cor. Pine & Laurel

Place of Business, 60 Pennsylvania Avenue.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

2767

CERTIFICATE OF DEATH.

Date of Death, May 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Coats Derbecker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 15 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 213 Georges st

Cause of Death, First (Primary,) Intestinal Obstruction

Second (Immediate,) Three days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, May 19th 1875

Undertaker, John S Meacher

Place of Business, No 150 Camden St *Address* 210 Franklin st

John A Pennington M. D.
Medical Attendant.

HEALTH DEPARTMENT MAY 19 1875 BALTIMORE.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2768.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry B Gaylord

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* Three *Months,* *Days.*

Color, Black *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, One week

Place of Death, {Give street and number.} 252 N Bond St

Cause of Death, {First (Primary.) Teething / Second (Immediate.)

Duration of Last Sickness, I have no data

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, 20 April

Undertaker, James H Jarvis

Place of Business, No 12 Saratoga St

Milton A Taylor M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2769

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 18th May 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Benjamin Howard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 4 Months, Days.

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give street and number.} 124 N Dallas st

Cause of Death, First (Primary,) Abscess

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 19th 1875

Undertaker, William N. Lunce Address No. 10 Broadway

Place of Business, No 104 East St. & Madison st

William E. Kunz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2770

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Miss C. C. Inscoe

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 57 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Marys Co Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 11 N. Gilmor

Cause of Death, {First (Primary,) Cancer of Stomach 3 weeks
Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Marys Co James L. Smith M. D.
Medical Attendant.

Date of Burial, May 20th 1875

Undertaker, Jno H. Weaver *Address* 584 W Fayette

Place of Business, 22 N Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(1044) Transit

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

1147

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 19 1875 BALTIMORE, MD.

Permit No. 2771

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Sprankle

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Forty *Years,* *Months,* *Days.*

Color, White *Sex,* Married

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cigar maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Orson St near No 39

Cause of Death, {First (Primary,) Phthisis / Second (Immediate,) Asphyxia

Duration of Last Sickness, Three Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County [illegible] M. D.

Medical Attendant.

Date of Burial, May 20 1875

{*Undertaker,* Wm H Hetherman

{*Place of Business,* ~~Address~~ 1234 Gay

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2772

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 20 1875 BALTIMORE

Date of Death, May 19th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Phil Bell Sozier

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Westmoreland Co. Virginia

Duration of Residence in the City of Baltimore. Six years —

Place of Death, {Give street and number.} 56 S. Grey St.

Cause of Death, {First (Primary,) Idio Motor Paralysis.

{Second (Immediate,)} (Insanity). Phthisis Pulmonalis.

Duration of Last Sickness, Four years —

All the above information should be furnished by the Physician.

Place of Burial, Georgetown D.C. J. G. Wiltshire M. D.

Date of Burial, May 20th 1875 Medical Attendant

Undertaker, Jos. Lann *Address* 398 W. Fayette St.

Place of Business, 568 W. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2773

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Oneill

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 6 *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 12 Months

Place of Death, {Give street and number.} 66 Greenmount Ave

Cause of Death, First (Primary,) Chronic Croup

Second (Immediate,) 17 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, May [illegible] - 75

Undertaker, John J Rodemyer

Place of Business, 102 E Monument St

Silas W. Hunter M. D.
Medical Attendant.

Address 111 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person

Board of Health, City of Baltimore,

Permit No. 2774

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 18th. 1875. 8.30 AM.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Lillard.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Male

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Cooper.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Albemarle Co. Va.

Duration of Residence in the City of Baltimore, 8 Years.

Place of Death, {Give street and number.} 44 Harmony Lane

Cause of Death, {First (Primary,) Heart Disease

{Second (Immediate,) Syncope.

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Shary-H Ground

Date of Burial, May 20th 1875

Signed Wm. Thurlow, M. D.
Medical Attendant.

Undertaker, John E Jones

Place of Business, Park Av No 63 *Address* 128 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2775 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 20th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augusta Wiesner.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 11 — *Days.*

Color, *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 77 Warren

Cause of Death, {First (Primary,) Congestion of Brain.
Second (Immediate,)

Duration of Last Sickness, four days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 20th

{*Undertaker,* H Brick
Place of Business, Henrietta St 81

R. J. N. Tull M. D.
Medical Attendant.

Address 15 E. Pleasant St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2776. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augustus Elsworth Brooks

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 4 *Months,* *Days.*

Color, Col. *Sex,* Mal

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Cty

Duration of Residence in the City of Baltimore, 2 years 4 Months

Place of Death, {Give street and number.} 8 Shields alley

Cause of Death, {First (Primary,) Whooping Cough

Second (Immediate,) Convulsions

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, May 20th 1875

John L Dunnington M. D.
Medical Attendant.

{*Undertaker,* Wm James Gray

Place of Business, 65 Mulberry St *Address* 210 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2777.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 29 1875 BALTIMORE

Date of Death, May 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Elliott

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Harbor

Cause of Death, First (Primary,) Accidentally drowned

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, East. Potters Field

Date of Burial,

Undertaker, Wm. Donovan

Place of Business, 5 Bank

Thos. Kelly M. D.

Medical Attendant. Coroner

Address 76 S. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

From information at inquest.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2778.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Wedell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 57 *Years,* 10 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Potter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Poland

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give street and number.} 140 E. Pratt.

Cause of Death, {First (Primary,) Chronic Pneumonia.
{Second (Immediate,) Phthisis, dilatation of Bronchi

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County Abram D. Arnold M. D.
Medical Attendant.

Date of Burial, May 21st 1875

Undertaker, Chas. Koenig *Address*

Place of Business, 136 E. Fayette.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2779

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 19 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Beau West

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, — *Years,* *Months,* 11 *Days.*

Color, Blood *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 4 Bolton St Baltimore

Duration of Residence in the City of Baltimore, 11 d

Place of Death, {Give street and number.} No 4 Bolton St

Cause of Death, First (Primary,) Cardiac

Second (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem. — Adam Dampher *M. D.*

Date of Burial, May 20 1875 — Medical Attendant.

Undertaker, Chas F. Scriven — *Address* 12 & 14 Biddle

Place of Business, 211 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2780

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Mary Williams

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Fairfax Va

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 190 Stirling St

Cause of Death, {First (Primary,) Old age / Second (Immediate,) General debility

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 21st 1875

Undertaker, William N. Dunger.

Place of Business, No 104 East St.

Jno. Brooke Boyle M. D.
Medical Attendant.

Address 174 E Eager st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2781

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday May 19-1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Flynn

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.} Male

Age, ~~Years,~~ ~~Months,~~ One hours ~~Days~~

Color, Mulatto *Sex,*

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 31 May St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 31 May St

Cause of Death, {First (Primary,) Premature Birth

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, May 20th 1875

{*Undertaker,* H. Donovan

{*Place of Business,* 6 Bank St

J. C. Feuchtwanger M. D.
Medical Attendant.

Address 318 Gay ~~Ellis~~ St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2782

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 21 1895 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 19 May 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Blum

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 1 *Months,* 12 *Days.*

Color, white *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 5 years 1 m. 12 days

Place of Death, {Give street and number.} 102 Lovett.

Cause of Death, { First (Primary,) } Croup
{ Second (Immediate,) }

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery

Date of Burial, 21st of May

Undertaker, William Eilau

Place of Business, 101 Gough st

C Wolffmeier M. D.
Medical Attendant.

Address 57 Aisquith.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2783,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 19th May 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ellen Sulzer

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Five *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number. } 70 North Bond St

Cause of Death, { First (Primary,) Croup Pseudo-Membranous

Second (Immediate,) One week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 21 May

Undertaker, George H Rodenmayer *Address*

Place of Business,

Milton A. Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2784.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 25 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 20th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ursula Mosley

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} —

Age, 32 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 18 months

Place of Death, {Give street and number.} George St 2nd door West of Bruns

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, May 22nd 1875

Sherwood Carter M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 486 Druid Hill Avenue *Address* 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1875 BALTIMORE

Permit No. 2785

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Sewerd

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* *Months,* 6 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 217 Eastern Ave. near Bond

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Schlagles B. G

Date of Burial, May 22nd 1875

Undertaker, Charles Brand *Address* 143 S. Broadway

Place of Business, 39 O. Donnell St

C. Edward Miller *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 21 BALTIMORE.

Permit No. 2786,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jessie D. Bright

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Sixty two *Years,* five *Months,* & three *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Lawyer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Norwich Chenango Co N.Y.

Duration of Residence in the City of Baltimore, about five months.

Place of Death, {Give street and number.} No 92 Madison Street Balto

Cause of Death, First (Primary,) Rheumatic Fever Seventeen ago.

Second (Immediate.) Mitral disease of Heart

Duration of Last Sickness, About 2 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Riggin Buckler M. D.

Medical Attendant.

Date of Burial, May 22d 1875

Undertaker, H. Wenkins Son *Address* 135 N. Charles St

Place of Business, 16 Light St. Baltimore.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2787

HEALTH DEPARTMENT MAY 20 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Largent

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 30 *Years,* *Months,* *Days.*

Color, Bright Mulatto *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} West River

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} No 34 Moore St

Cause of Death, {First (Primary,) Cold
Second (Immediate,) Consumption

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 21. 1876

{*Undertaker,* Samuel M. Chase
{*Place of Business,* No 17 Howard St *Address* Cor Dolphin & Eutaw

H. F. Bohrer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT 1875

Permit No. 2788

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fannie Carnish

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* — *Days.*

Color, Black *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 401 Cross St.

Cause of Death, First (Primary,) ____

Second (Immediate,) Pneumonia

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery R. J. N. Tall M. D.

Medical Attendant.

Date of Burial, May 21. 1875

Undertaker, Samuel McShane

Place of Business, No 42 Shamrock *Address* 15 & 17 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, also to list of Physicians on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1875

Permit No. 2789.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 21. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis May Barton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York City

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and number.} 183 Lanvale street

Cause of Death, First (Primary,) Infantile Paralysis

Second (Immediate,) Eclampsia

Duration of Last Sickness, One day.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral cem

Date of Burial, May 22. 1875

W. B. Browne M. D.
Medical Attendant.

Undertaker, C. H. Biggard

Place of Business, 187 Lanvale St *Address*

near Druid Hill av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1875

Permit No. 2790

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elisabeth Neubert

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Fifty one *Years,* four *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Engter Germany

Duration of Residence in the City of Baltimore, Twenty three years

Place of Death, {Give street and number.} N° 184 W Lanvale

Cause of Death, First (Primary,) Disease of Heart

Second (Immediate,) Bright's Disease

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 22° 1875

Undertaker, Wm S Yaeger

Place of Business, No 150 Camden *Address* N 114 Park Ave

F H Shatard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2791

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 20 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Jane Reider

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 11 *Months,* 10 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 218 N. Bond St

Cause of Death, { First (Primary,) Scarlet Fever
Second (Immediate,) Exhaustion

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, May 23rd /75

Undertaker, Geo. Schilling

Place of Business N.W. cor Fairmount and Monument st *Address*

S. J. Boyle *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2792

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Krämer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prena Germany 6 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 21 Forest st

Cause of Death, {First (Primary,) Found dead, at first visit. Said by former Physician to have been Rheumatism Affecting the Heart. Second (Immediate,)

Duration of Last Sickness, Said to have been sick two weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, 22 May 1875

Undertaker, J. P. Poulus

Place of Business, 66 Fielding Ave

Geo. H. Dare M. D.
Medical Attendant.

Address 91 Frederick Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2793.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 21st. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augusta Rosenberger

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housewife.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Detroit, Michigan, Ten years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 62 Somerset St.

Cause of Death, {First (Primary,) Puerperal Fever. Second (Immediate,) Coma.

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens.

Date of Burial, 22nd of May 1875

{*Undertaker,* Henry Hoeck *Place of Business,* 70 & 6 Eut. Av.

C. Manville Cusic. M. D.
Medical Attendant.

Address Balt & Washington, Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE

Permit No. 2794

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Elizabeth H Abbey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Forty Three *Years,* eight *Months,* *Days.*

Color, Mulatto *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Forty Three years eight months

Place of Death, {Give street and number.} 334 North Eden Street

Cause of Death, {First (Primary,) Heart disease

{Second (Immediate.) Heart disease

Duration of Last Sickness, twenty days

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, May 25

A Buker M. D.
Medical Attendant.

{*Undertaker,* J. B. Blackiston

{*Place of Business,* 606 Bath west *Address* 315 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 2795

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 21th May

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elisabetha ~~Catharine~~ Schlarb (Schlarb)

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, Seventy ~~eight~~ *Years,* *Months,* *Days.*

Color, White

Sex, female

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ~~[illegible]~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, {Give street and number.} ~~Hospital~~ 190 Cross St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Exhaustion

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, 22th May 1875

W. F. Kinkaid M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, Fayett & Balti *Address* 224 W. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT MAY 22 1875 BALTIMORE MD.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7996.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 21 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Cashman

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 82 *Years,* ——— *Months,* ——— *Days.*

Color, White ~~Sex~~,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 10 years.

Place of Death, {Give street and number.} 26 South St.

Cause of Death, { First (Primary,) Old age
Second (Immediate,)

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, May 23/75

{ *Undertaker,* Jno Govern
{ *Place of Business,* Penn. Ave.

M. D.

~~Attending Physician~~

Address Council of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Information from Barkley Cashman her son

Board of Health, City of Baltimore,

HEALTH DEPARTMENT MAY 22 1875 BALTIMORE

Permit No. 7997.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 21st, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Bowie

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 62 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No. 115 North Broadway

Cause of Death, {First (Primary,) Enlargement Prostate Gland
Second (Immediate,) Uremic Poison, (Coma.)

Duration of Last Sickness, Five Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 24, 1875

{*Undertaker,* Matthias A. Daiger
{*Place of Business,* 744 S. Broadway

Wm. H. Gardiner, M. D.
Medical Attendant.

Address No. 93 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore.

MAY 25 1875
HEALTH DEPARTMENT

Permit No. 2998. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anne Wife of J. W. Cobbin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 46 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~Baltimore~~ Washington Co Maryland.

Duration of Residence in the City of Baltimore, 23 yrs

Place of Death, {Give street and number.} McKim St near Edge

Cause of Death, First (Primary,) Pneumonia,
Second (Immediate,) Congestive Chill

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Co Salem Cemetery

Date of Burial, May 22nd 1875.

Undertaker, Wm H. Hickman *Address* 76 N Eden St

Place of Business, 234 N. Gay St.

Wm H Montgomery *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 22 1875 BALTIMORE

Permit No. 2799

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 21st.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Jacob Monica Levick,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* *Months,* Eleven *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City,

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 88 Perkins Street

Cause of Death, First (Primary,) Debilitas

Second (Immediate,) Inflammation of Brain

Duration of Last Sickness, Two (2) weeks,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Factory. Prince Georges Co. Md.

Date of Burial, May 22nd 1875.

Undertaker, F. N. Troll

Place of Business, 90 S. Howard St. *Address* 15 W. Mt. Vernon Place

Chas. H. Alexander M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Transit (106)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 22 1875 BALTIMORE

Permit No. 2800

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 21st 1875 1 o'clk P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Wagner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Nothing Son

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Steubug Germany

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and number.} 55 Eliza Str. Canton

Cause of Death, { First (Primary,) Paralisis Infantis
Second (Immediate,)

Duration of Last Sickness, Some 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, 23 May

{ *Undertaker,* John C. Gehun
{ *Place of Business,* 265 Aliceanna Address 299 E. Baltimore

James C. Daniels M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2801

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 23 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip S. Choffee.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 44 *Years,* ~~44~~ *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Sgl~~ Married

Occupation, Merchant & Bank President

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, His whole life

Place of Death, {Give street and number.} 400 Eutaw Place

Cause of Death, First (Primary,) Bright's Kidney

Second (Immediate.) Abort Lip Vomiting.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Thos. S. Smith, M. D.
Medical Attendant.

Place of Burial, Green Mount

Date of Burial, Sunday 23rd May 75

Undertaker, [illegible]

Place of Business, 41 Hanover St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

HEALTH DEPARTMENT MAY 22 1875 BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2802,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 21 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Myers.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, Sixty three *Years,* Four *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Ship Master.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prussia.

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} No. 9 Hill St.

Cause of Death, First (Primary,) ——

Second (Immediate,) Old Age

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 23rd 1875

Undertaker, Hughes & Co

Place of Business, 65 S Broadway *Address* 217 S. Broadway

Nicholas L. Dutton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 22 1875 RECEIVED

Permit No. 2803.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Delevin Drobert

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 15 *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 335 E. Fayette St

Cause of Death, {First (Primary,) Gen Debility / Second (Immediate,)

Duration of Last Sickness, Born Sick & weak

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, May 23rd 1875

Undertaker, John Braun

Place of Business, 77 S. Wolf St

Address Comm'r of Health & Registrar

M. D.

~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Undertaker John Braun

Board of Health, City of Baltimore,

Permit No. 28014

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 22 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter and Honora Conroy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* 1 Minute ~~Days.~~

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 19 Pleasant Alley

Cause of Death, {First (Primary,) Result of difficult Parturition

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cimetery

Date of Burial, May 22nd 1875

James A. Steuart M. D.
Medical Attendant.

Undertaker, H. R. Gibruyer

Place of Business, 311 Eastern Ave.

Address 25 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT MAY 1875 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2805,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Friday May 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Richardson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 11 *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D. C.

Duration of Residence in the City of Baltimore, Five years

Place of Death, {Give street and number.} 56 Davis St

Cause of Death, {First (Primary,) Tubercular meningitis
Second (Immediate,) Exhaustion

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery D D Miller M. D.

Date of Burial, Saturday May 22 Medical Attendant.

Undertaker, James Davis *Address* 51 Calvert St

Place of Business, Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

HEALTH DEPARTMENT MAY 22 1875 BALTIMORE

Permit No. 2806,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Baby — (Unknown)

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 6 *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 4 Plum Road

Duration of Residence in the City of Baltimore, 6 Mos

Place of Death, {Give street and number.} 4 Plum Road

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,) Consumption

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 22/1875

C Winslow M. D.
Medical Attendant.

Undertaker, Samuel W. Price *Address* 23 W Cross

Place of Business, No 164 Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 22 1875

Permit No. 2807.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 22 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robinson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days.*

Color, Black *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Mount St. South of Rasey

Cause of Death, {First (Primary,) Cold / Second (Immediate,) Pneumonia

Duration of Last Sickness, unknown

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field

Date of Burial, May 22 1875

Undertaker, M. H. C. Perry

Place of Business, W Pratt St

M. D.

Address Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Information from Capt Daniel Lefsson W. Police Station

Board of Health, City of Baltimore,

HEALTH DEPARTMENT MAY 1875 BALTIMORE

Permit No. 2808,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 24th May 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Margaret Dunn

~~Sex, Male or Female,~~ {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 81 York

Cause of Death, { First (Primary,) Epithelioma of

Second (Immediate,) Vagina

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, May 23rd 1875

Undertaker, James O Byrne

Place of Business, No 83 Hanover St *Address*

H. U. Mitchell M. D.
Medical Attendant.

81 York

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1875 BALTIMORE

Permit No. 2809

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 21st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Murray Reynolds

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, black *Sex,* male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} No 16 Saratoga

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate.) Hemorrhage from lungs

Duration of Last Sickness, sick 4 weeks in bed

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery Edmund Walker M. D.

Date of Burial, May 22 Medical Attendant.

Undertaker, Miller & Burgel *Address* 180 Linden Ave

Place of Business, 104 East St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 22 1875 BALTIMORE

Permit No. 2810.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Leech

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number.} No. 7 Eden St. Entendue

Cause of Death, { First (Primary,) Scarlet Fever
Second (Immediate.) Inflamation of Brain

Duration of Last Sickness, About 40 hours

All the above information should be furnished by the Physician.

Place of Burial, Fairfield M.E. Ch.

Date of Burial, May 23d 75.

C. F. Sons M. D.
Medical Attendant.

{ *Undertaker,* Cathcart
Place of Business, 514 Broadway *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 22 1875 BALTIMORE.

Permit No. 2811

The Physician who attended any person in [illegible] last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Cromwell

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, Dark *Sex,* Widow

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 7 Peach alley

Cause of Death, {First (Primary,) / Second (Immediate.)} From Accidental burning by coal oil

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery R. M. Hall M. D.

Medical Attendant.

Date of Burial, May 23/1875.

Undertaker, Samuel W. Chase *Address* 266 S. Sharp St.

Place of Business, 1201 E. Shoundon St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 22, 1875 BALTIMORE

Permit No. 2812

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~duly~~ *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 21 Baltimore Md 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Jeffris Colard Child

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, [redacted] years, 10 *Months,* 9 *Days.*

Color, Colard *Sex,* Male

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 1 Wagon Ally

Duration of Residence in the City of Baltimore, all times

Place of Death, {Give street and number.} No 1 Wagon Ally

Cause of Death, First (Primary,) Pumonia

Second (Immediate,)

Duration of Last Sickness, 1 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laural Cemetary

Date of Burial, May 23 1875

Undertaker, William Dunga

Place of Business, East St No 104

[redacted] M. D.
Medical Attendant.

Address No 99 north St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

State of Maryland, City of Baltimore,

Permit No. 2813.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23, 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 22. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Bicha

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, White *Sex,*

~~Married~~, *Single,* ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number.} 22 Barney St

Cause of Death, {First (Primary,) Dysentery

{Second (Immediate,) Ten Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Ch

Date of Burial, May 23d 1875

{*Undertaker,* Penn Work

{*Place of Business,* 319 Central Ave. *Address* 94 S. Broadway

A. F. Erich *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2814

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May. 23rd, 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Edward Selby

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 2, *Months,* 7 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 235. Lee Street.

Duration of Residence in the City of Baltimore, 2 Mos. 7 Days

Place of Death, {Give street and number.} 235 Lee Street.

Cause of Death, {First (Primary,) Marasmus

Second (Immediate,) 2 Months.

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Howard County Md

Date of Burial, May 24th 1875

Undertaker, John L Mackin

Place of Business, No 150 Lamdin St *Address*

J. W. Wallis *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2815

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 21st 1875

Full Name of Deceased, { Write legibly and spell correctly. If deceased not named, give names of parents. } Cora Sedgwick

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* 4 *Months,* 11 *Days.*

Color, C *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number. } 53 Burgundy Cy

Cause of Death, { First (Primary,) Phthisis

{ Second (Immediate,)

Duration of Last Sickness, life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 23d 1875

{ *Undertaker,* William A. Dunger

{ *Place of Business,* No 104 East St.

W. H. Coleman M. D.
Medical Attendant.

Address 166 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2816.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Francis Lloyd

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Porter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Jamaica

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 60 Sercus Alley

Cause of Death, First (Primary,) "Brights Disease"

Second (Immediate,) Pulmonary oedema

Duration of Last Sickness, About ten days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 23d 1875

Undertaker, Wm M. Bingle

Place of Business, 110 104 East St.

Reggie Buckler M. D.
Medical Attendant.

Address 135 Aisquith St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2817

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 22nd.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Casey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male.

Married, ~~Single,~~ Widow or Widower, {Cross out the words not required in this line.}

Occupation, Shoe maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Irland

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 19 Barnes

Cause of Death, First (Primary,) Pulmon. Consumption

Second (Immediate,) Diarhea

Duration of Last Sickness, One year.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 23rd 1875

Undertaker, James O'Byrne

Place of Business, N° 63½ Front St

E. F. Keyser M. D.

Medical Attendant.

Address 129 N. Eighth

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2818 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 22

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Gant

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Not Known

Place of Death, {Give street and number.} Balt. Infirmary

Cause of Death, First (Primary,) Dysentery

Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. A. Peters. Rom. Catholic *T. A. Ashby* M. D.

Medical Attendant.

Date of Burial, May 23d

Undertaker, A. Weidemeyer

Place of Business, 518½ W. Baltimore St. *Address* Balt Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2819.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~John Friederich~~ 22d of May 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John Friederich

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 57 *Years,* 5 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Jeweler

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Culmbach (Bavaria)

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number.} 181 S. Baltimore St, (Bavaria)

Cause of Death, {First (Primary,) Typhus abdominalis / Second (Immediate,) Paralysis cordis

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Holmon Cemetery

Date of Burial, 24th of May

{*Undertaker,* J. Schuh

{*Place of Business,* 265 Alice Anna St

F. Kathicus M. D.
Medical Attendant.

Address 245 S. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2620.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Doras Opfar

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, ~~ Years, Three Months, ~~ Days.

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 25 Burk st. Centre.

Cause of Death, {First (Primary,) Hydrocephalus.
Second (Immediate,) Paralysis

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, German & Paul's Cemetery Thomas B. Evans M. D.
Medical Attendant.

Date of Burial, 24th of May at 4 pm

Undertaker, Henry Sauter

Place of Business, 203 Canton Av. *Address* No. 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2821.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23, 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella Hall

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 11 *Years,* 9 *Months,* 11 *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 10 Josephine St.

Cause of Death, {First (Primary,) Consumption

Second (Immediate,) 4 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 23 1875

Undertaker, S. W. Chase

Place of Business, No 198 Howard st Address Hanover & Baltimore Sts

P. E. Lee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1822.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23, 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Barnes

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, Twelve *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Schroeder St. Baltimore City

Duration of Residence in the City of Baltimore, Twelve Years

Place of Death, {Give street and number.} 59 Booth St.

Cause of Death, {First (Primary,) Burns
Second (Immediate,) Asthenia

Duration of Last Sickness, Eighteen days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 23rd

{*Undertaker,* J C Cook.
Place of Business, 707 W. Baltimore St

J. G. Wiltshire M. D.
Medical Attendant.

Address 398 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2825.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 22, 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Peter Leavitt

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. } Married

Occupation, Mariner

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 2 y

Place of Death, { Give street and number. } 16 S. Bond st.

Cause of Death, { First (Primary,) Disease of Liver

Second (Immediate,) Abscess

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, May 23rd

Undertaker, S & Cook

Place of Business, 707 W Baltimore Street *Address*

M. J. Gallagher M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28241

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Edvana

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 5 *Years,* *Months,* *Days.*

Color, W Sex, Fem

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Child

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 5yrs

Place of Death, {Give street and number.} N.E. Cor Lexington and Rock 56

Cause of Death, First (Primary,) Bronchitis.

Second (Immediate,) Tracheitis, (Croup.)

Duration of Last Sickness, about four days.

All the above information should be furnished by the Physician.

Place of Burial, St Pellers Cemetery H. P. Morgan M. D.

Medical Attendant.

Date of Burial, May 23rd

Undertaker, J B Cook

Place of Business, No 707 W Balto *Address* 195 Sara Bryant Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2815

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 22d. May

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. F. Larrabee

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* 1. *Months,* (26. April) *Days.*

Color, White. *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life.

Place of Death, {Give street and number.} Carrollton Hotel

Cause of Death, First (Primary,) Aneurism of Arch of Aorta.

Second (Immediate.) Bursting of Same into Trachea

Duration of Last Sickness, (disease) About one year.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery Christopher Johnston M. D.

Medical Attendant.

Date of Burial, 25th May 1870

Undertaker, Henry N. Southwick Sr. *Address* No 82. Franklin St.

Place of Business, 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2816

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT MAY 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23d of May

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Carey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* [illegible] *Months,* [illegible] *Days.*

Color, White *Sex,* [illegible]

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number.} 36 Josephine St

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, May 24th

{*Undertaker,* J B Cook

{*Place of Business,* 707 W Baltimore Street *Address*

T. J. Knight M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2827.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 22 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infl of Mary N Singer

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, Years, Months, 3 Days.

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt^r City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 28 Elbert Lane

Cause of Death, { First (Primary,) Convulsions
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet B.G.

Date of Burial, May 23. 1875

Undertaker, Wm Gray

Place of Business, Mulberry St

Jas. A. Steuart M. D.
Medical Attendant.

Address Comm^r of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information given by Surname, Jr. Holmes

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2828.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, of May 22

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Hughes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} ....

Age, 19 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Hack Driver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Four Years

Place of Death, {Give street and number.} Balt Infirmary Lombard St.

Cause of Death, {First (Primary,) Acute Phthisis

Second (Immediate,) Tur Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral T. A. Ashby M. D.

Date of Burial, May 24th 1875 Medical Attendant.

{*Undertaker,* [redacted] Heidemyer *Address* Balt Infirmary

Place of Business, 518½ W Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2829

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 23rd 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Charles Lea

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 71 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* .....

~~*Married, Single, Widow*~~ *Widower,* {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Vermont State

Duration of Residence in the City of Baltimore, Dont Know

Place of Death, {Give street and number.} Inst. Little Sisters of the Poor

Cause of Death, {First (Primary,) Paralysis

{Second (Immediate.) 10 days

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross John Brooke Boyle M. D.

Date of Burial, May 24th 1875 Medical Attendant.

Undertaker, H Schultheis *Address* 174 E Eager st

Place of Business, Union St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2830

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1875 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, May 22 10 P.M. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann E. Jones.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 56 *Years,* 9 *Months,* —— *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 56 years

Place of Death, {Give street and number.} No 5 South Ann St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Paralysis

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, May 24th 1875

{*Undertaker,* Hughes & Co
Place of Business, 65 S Broadway *Address* No 23 South Broadway.

Dr. I. I. Cockrill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER